

# Salt, soap and shoes for school

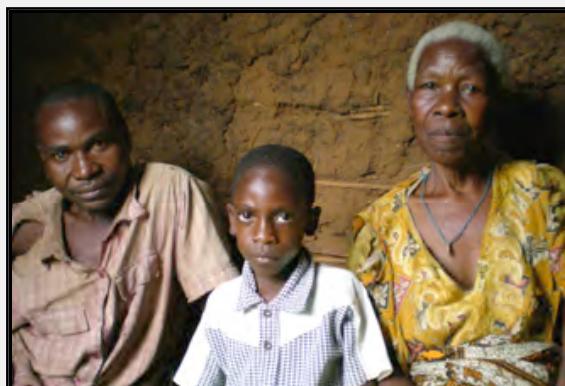
The impact of pensions on the lives of older people and grandchildren in the KwaWazee project in Tanzania's Kagera region



**The impact of pensions on older people**

**The implementation of the pensions fund**

Stefan Hofmann, Mandy Heslop



**The impact of pensions on children**

Glynis Clacherty



**Social protection for older people in Tanzania**

Lessons from the KwaWazee project

Flora Kessy

## **ACKNOWLEDGEMENTS**

- Thank you to all of the older people taking part in this survey for making long journeys and for showing indefatigable commitment to make their own contribution to the project. Thank you to the children who worked so hard and so seriously to help us understand their lives.
- Thank you to Kurt Madörin, the initiator and coordinator of KwaWazee for his huge contribution to this assessment at every stage. For his numerous inspirations and most precious feedback from the very start of the preparation and for mastering the complex logistics and offering the best of conditions for the study. Last but not least for his warm hospitality during the survey.
- Thank you to the project teamleader Lydiah P. Lugazia and to the deputy Jovinary Francis. Thank you to Media Choli, Desideri Laurian and Meryness Laurian from the KwaWazee team who made their huge contributions during weeks of preparation and showed a constant readiness for troubleshooting during the time of the survey. Thank you to the team of young enumerators who – with plenty of respect and empathy – made sure that the questionnaire could take place in a friendly and trustful atmosphere. Thank you to Lightness Mpunge, to Antidius Rutayuga and to Leonidas Kitambi, who were much more than excellent translators. They created a trustful and often humorous setting for all of the interviews and for their precious reflections and valuable feedback.
- Thank you to Professor David Donald for his advice on the study design and his help with the analysis of the quantitative data from the children. Thank you to Dr. Tobias Bauer for his great support in all statistical matters and data processing. Thanks as well to Adrian Gschwend to Josien De Klerk, to Esther Schüring and Michel Ducommun for their very helpful inputs. Thanks to all who have not been mentioned.
- Last but not least, a big thank you goes to the funding partners, who contributed to this assessment, the Regional Psychosocial Support Initiative (REPSSI), HelpAge International, World Vision International, the Swiss Agency for Development and Cooperation in Dar-es-Salaam, KwaWazee Switzerland.

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Additional documents, for example the complete SPSS-results of the standardized questionnaire can be downloaded: [www.kwawazee.ch](http://www.kwawazee.ch); [www.repssi.com](http://www.repssi.com)

## GLOSSARY

AIDS	Acquired Immunity Deficiency Syndrome
Bakuli	Vessel used as standard measurement for household farm produce such as beans and maize
BNPL	Basic Needs Poverty Line
BMI	Body Mass Index
CARE	Christian Action Research and Education
Control group	Older people with comparable social and economic background to the 'Experimental' or Project group who have been registered to receive a pension from December 2007 after taking part in the study. In the report they are also referred to as <i>non pensioners</i> .
Dispensary	In the area of the study a dispensary, is a small government or private health station where outpatients can be attended by health attendants or doctors.
DFID	Department for International Development (UK government).
FPL	Food Poverty Line
GNP	Gross National Product
HAI	HelpAge International, a non government organization and international network of partners working with older people.
HIV	Human Immunodeficiency Virus
Humuliza	Organisation working with and supporting orphans in and around Nshamba.
ILO	International Labour Organisation
KwaWazee	KiSwahili term meaning "For older people"
Means-tested Social Pension	Cash income solely for poor older people, conditional on the level of income
OP	Older person. In the KW pension fund the age of eligibility for the pension was 60 years or over for men and women at the time of the study. This has since been raised to 65 years and over.
OVC	Orphans and Vulnerable Children
REPSSI	Regional Psychosocial Support Initiative (for Children affected by AIDS, poverty and conflict).
Project group	Project group – older people taking part in this study who by November 2007 have been receiving a monthly pension from KwaWazee for at least 14 months. In the report they are also referred to as <i>pensioners</i> .
PSS-Groups	The Psychosocial Support Groups of KwaWazee
Shamba	Small farm usually land surrounding the house, cultivated by household members for consumption and sometimes sale
SCF	Save the Children Fund

Social Pension	Generally defined as a non-contributory cash income given to older persons (usually by governments)
Social Protection	A system providing basic health, education and income security to the whole population or to a certain group (usually the most vulnerable: children, older persons, women)
Ugali	A staple of stiff porridge made from maize flour.
Ugoro	Snuff or chewing tobacco made from the bark of banana trees burnt and mixed with other ingredients to form a black powder.
UNDP	United Nations Development Programme
Universal Social Pension	Cash income given to all older persons regardless of their socio-economic status
VSI	Vijana Simama Imara (Youth standing upright firmly) orphan's organization run by young people themselves
WOSCA	Women Saving and Credit Association

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## EXECUTIVE SUMMARY

Cash transfers have become an increasingly popular way of providing social protection in low-income African countries. While a number of evaluations have confirmed the benefits of conditional or unconditional transfers for vulnerable households, there is much less information about the impact of social pensions for older people and the combination with child benefits in older people headed households.

The KwaWazee pensions fund was started at the end of 2003 in rural Kagera in northwestern Tanzania, an area severely affected by the consequences of HIV and AIDS. By 2007 nearly 600 older people received a monthly pension of Tsh. 6,000 (an equivalent of US\$ 5 in April 2008) and Tsh. 3'000 per child, if they are main carers.

This study aims to find out more about the impact of pensions and child benefits and what can be learnt from the experiences with this approach in the Kwa Wazee project. The study is composed of several parts:

- An assessment of the impact of pensions and child benefits on older people and of the cost-effectiveness and implementation of the project by Stefan Hofmann, freelance consultant and Mandy Heslop, freelance consultant, HelpAge International.
- An assessment of the impact of pensions and child benefits on the grandchildren by Glynis Clacherty, consultant, Clacherty & Associates.
- A summary of national and regional policies for social protection aimed at older people in Tanzania and an exploration of the lessons learnt from the KwaWazee pensions fund by Dr. Flora Kessy, Senior Social Research Scientist at the Ifakara Health Research and Development Centre (IHRDC), Tanzania.

For the study both quantitative and qualitative tools were used. A special focus was laid on the rarely explored area of psychosocial wellbeing of older people and its inclusion of children in an impact assessment of cash transfers through activity-based workshops is probably unprecedented.

### Methodology with older people

*With older people:* The project had been running for four years when the evaluation was carried out. As no baseline survey was carried out at the start of the project, a quasi-experimental comparison group design was chosen to be able to assess the impact of the project. Hypotheses and indicators were developed with the participation of older people.

A randomly selected group of pensioners, the experimental (or ‘project’) group who had all received a pension for at least 14 months was compared with a group of non-pensioners, the control group. Members of the control group had to be from the same geographical area and they had to meet all the criteria for becoming a KwaWazee pensioner. For ethical reasons they were admitted to the pensions fund (PF) right after the fieldwork.

The research consisted of a standardized questionnaire with a total of 108 interviews, numerous interviews with key informants, 9 case studies and 9 focus group discussions on different issues – two of which concentrated on the implementation.

Sample Numbers

	Project Group Carers	Project Group Non-Carers	Project Group	Control Group Carers	Control Group Non-Carers	Control Group	Total
Standardized Questionnaires	29	25	<b>54</b>	29	25	<b>54</b>	<b>108</b>
Focus Groups (5-8 participants each) on Health, Support Network, Care Situation, Implementation of PF	4	2	<b>6</b>	2	1	<b>3</b>	<b>9</b>
Case Studies	4	1	<b>5</b>	2	2	<b>4</b>	<b>9</b>

Regarding most of the criteria used for the selection of pensioners – such as the state of the house, size of land, income other than pensions and ownership of assets - the control group averaged better than the project group. But despite this relative initial advantage, the balance turned clearly in favour of the project group when indicators for the impact of the pensions were assessed. Clear differences in many of the areas investigated produced statistically significant results despite the relatively small size of the sample.

### Methodology with children

Like the adult study, the children’s study used a quasi-experimental comparison group design to evaluate the impact of the cash transfers through both quantitative and qualitative data.

The project group was selected from households who were part of the randomly selected sample for the accompanying study of older carers. The project group children therefore all came from homes where a pension payment was being received.

The control group was selected from children who were also cared for by grandparents, mostly grandmothers, but whose households were not yet receiving the pension payment. They matched the project group in terms of age, gender and geographical area.

Work with the children consisted of an activity-based one-day workshop in which they were divided into two age groups: 9-12 and 13-18 years, with ten children in each workshop (five boys and five girls). The following is an outline of numbers.

Sample numbers

project group 9-12 years old	project group 13+ years old	control group 9-12 years old	controlgroup 13+ years old
10	11	8	11

## IMPACT OF PENSIONS

### a) Impact of pensions on older people

Within the target group of KwaWazee a monthly pension of 6,000 Tsh. (5 US\$) – plus child benefits of 3,000 Tsh. for each (grand)child who is cared for – more than doubles the average available cash for an older person. For many pensioners it represents 80% or more of what they can spend. This extra income reduces extreme poverty and prevents those who are just poor from falling into extreme poverty. Although the majority of households who receive a pension would remain critically poor, the quality of life of older people and grandchildren has strongly improved.

Salt, Soap and Shoes for School: Increased quantity of food and more varied nutrition, better coverage of basic household needs, better protection against crises, more reciprocity in relationships instead of begging, an improved general state of health, a largely improved psychosocial wellbeing and better school-opportunities for the children, were just a few of the obvious benefits.

### Household economy – livelihood

Pensioners are better prepared for crises such as illness or drought, more self-reliant, and in hard times have to resort less often to begging, poorly paid day labour or selling assets. They can also afford to pay for help in cultivating their land.

Over half – 57 per cent of pensioners - stated that they did not have to beg in the last month, compared to 30 per cent of the control group. Only six per cent of the pensioners had to beg very often, compared to 22 per cent in the control group. Some 11 per cent of pensioners had to sell assets such as plots of land within the last two years, compared to 21 per cent of the control group.

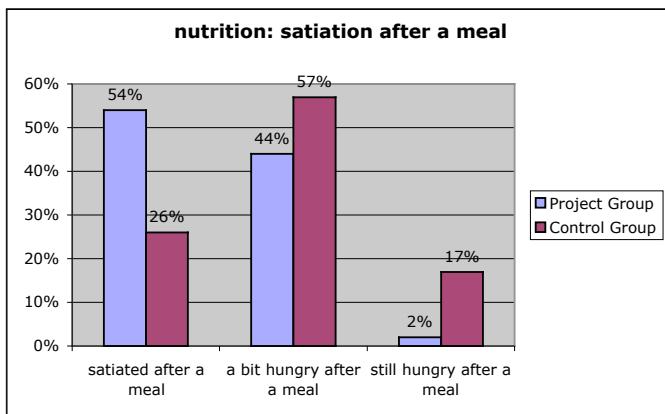
Another indicator that the pensioners are better prepared to cope with crises is the significantly higher number of older people who were able to make modest savings: 28 per cent, compared to eight per cent of the control group.

The survey also showed a decrease in day labour, although this did not feature as strongly as suggested in the group discussions. Although income generation was not an aim of the project or the focus of the research, there were a number of indications that the pensions encouraged investments or helped to increase the productivity of the farm.

### Nutrition

Most households headed by older people said they did not have enough land to grow sufficient food or that they lacked the energy to cultivate it properly, especially if they had insufficient support and no regular income.

In this situation, cash transfers in the form of pensions and child benefits have an immediate effect on the nutrition of the whole household.



Older people who received a pension were significantly better satisfied ( $p < 0.002$ ) and their average food-intake was more varied and richer in proteins

61% of the pensioners, for example, stated that they had consumed fish within the last month compared to 31% in the control group. Similar differences resulted for meat (30% to 11%), for rice (54% to 28%) and for milk (30% to 13%).

## Health

The improvement of pensioners' overall state of health reported in the focus group discussions was only partly reflected in the quantitative research. Both groups showed a similarly high prevalence of sickness, with nearly 70 per cent reporting that they were often or always sick. But when the data was disaggregated, the degree of sickness differed in favour of the project group. Only 22 per cent described themselves as always sick, compared to 37 per cent of the control group.

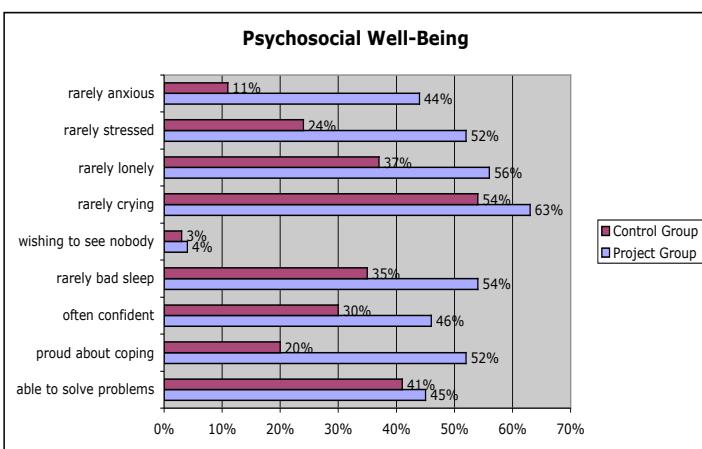
Clear improvements could be observed in health prevention. As well as significantly improved nutrition, pensioners spent more on soap and owned more bed linen – factors which promote better hygiene and rest. They also showed an overwhelming improvement of their psychosocial wellbeing.

On the other hand, there was no significant difference between the two groups in either the number of health care options or the use of medication.

The relatively minor signs of a health improvement resulting from the pensions may be influenced by the fact that the oldest age group was clearly over-represented in the project group. Moreover it should be recognised that the health situation remains critical even for older people receiving a pension. This is exacerbated by the unreliable implementation of the national policy which entitles older people to free health care.

## Psychosocial wellbeing

Older people who received a pension were significantly *less anxious* about the future, they were *less often stressed*, they felt *less lonely* and they had *less difficulties with sleeping*. At the same time they felt *more confident* and were *more self-assured* about how they were coping. Those older people who were main carers were significantly less worried about meeting the needs of their grandchildren.



An index over a whole set of questions shows the project group with 54.9 points markedly higher than the control group with 43.9 points. This improvement by 25% is statistically significant ( $p < 0.001$ ).

The regular source of income through the pensions strengthened the self-sufficiency of the older people and their capacity to plan, giving them more control over their lives.

Greater self-esteem, more self-confidence, a stronger future-orientation and less daily stress and anxiety were other obvious effects.

## Social relationships

The survey showed how chronic poverty and the consequences of HIV and AIDS affect families, severely weakening important support networks.

The 108 older people interviewed were asked how many children each of them had originally ( $\bar{O} 6.22$ ), how many were still alive ( $\bar{O} 3.48$ ), and how many could be asked for help ( $\bar{O} 0.88$ ). They were also asked how

much they were able to support their parents at the time of the study, and how much support they were getting from their children.

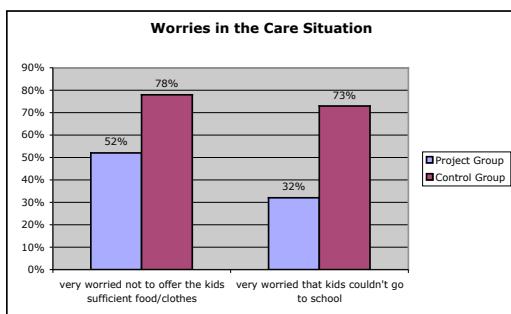
Nearly all – 95 per cent – reported that they were well able to support their parents, but only 24 per cent said they received good support from their children.

The survey showed no significant change in support networks as a result of receiving a pension. Family and friends remained the biggest source of external support, while support by the clan or community was consistently judged minimal. There was some evidence that support from some neighbours and family members decreased with the improved situation of pensioners, who now had to pay for some services. However, even in these cases pensioners overwhelmingly welcomed the more reciprocal relationships that resulted from greater financial stability. They reported that they were more likely to get credit from shops or neighbours since they had the capacity to pay them back.

The most prominent change in social relationships was evident in households where older people cared for grandchildren. The increased ability to meet the children's needs eased worries and improved the relationship between the generations.

### Care situation

About half of all pensioners are carers. The pension income and the child benefits considerably increased their capacity to provide for the material needs of their grandchildren and reduced stress and anxieties.



The survey showed that pensioners were significantly less worried about providing their grandchildren with sufficient food and clothes ( $p < 0.019$ ) and significantly less worried that the children couldn't go to school properly ( $p < 0.008$ ).

The better material situation not only eased worries in these older-headed households, but contributed to a generally improved relationship between the generations.

The study did not confirm that the care situation is predominantly associated with extra stresses for older people. Indeed they strongly acknowledged the contributions of their grandchildren such as help with household work and companionship. Thus the study confirmed a high degree of mutual interdependence between carers and children albeit in a context of high vulnerability. Older people were concerned about the wellbeing and education of their grandchildren, not least because they saw them as a source of support in future.

The study revealed that older people without care responsibilities – about half of the pensioners – are often in a more critical position and should therefore not be overlooked in cash transfer schemes.

Older men with sole responsibility for children featured rarely in the project. However, findings indicate that they face particular difficulties, including weak support networks, which need to be explored further.

### What the pensions are spent on

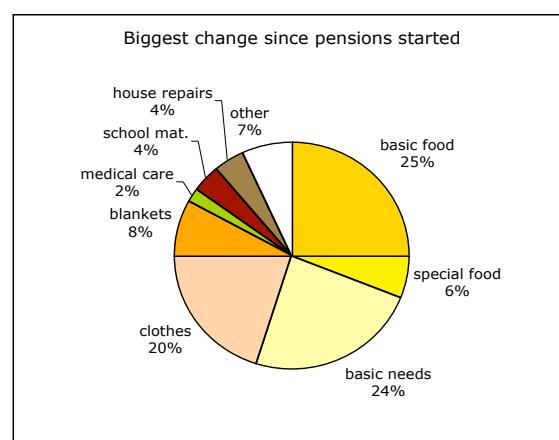
In common with the experiences of most cash transfer programmes recently evaluated, by far the biggest part of the pension was spent on basic food and basic needs such as kerosene and soap.

According to different estimates in the survey, the pensions cover on average between 60 and 70 per cent of all expenses of an older person.

A pre-study household-survey carried out during one month with the PSS-groups showed that more than 70 per cent of all expenses were for food and basic needs.

The diagramm to the right does not reflect the proportion of spending, but it summarizes what the pensioners answered when asked about the two biggest changes with the pension.

When the control group was asked about changes they expected with the pension, the priorities were very similar.



### **b) Impact of pensions on children in older people headed households**

Children in homes receiving pensions and child benefits felt they had time to play, study, read and talk to friends. In contrast, children in homes without this extra income felt they spent most of their time working, often doing tasks that were too hard for them.

Material wellbeing was also affected. Children who came from homes with cash transfers were most often satisfied after eating, ate a greater variety of foods, had protein more often and only ran out of soap in the last week of the month.

Children in the other homes often felt hungry after eating, ate only a single carbohydrate like green bananas and had very little protein in their diet. They often had no soap to wash themselves or their clothes, and many stayed home from school as a result.

Though the small sample means that the findings are not conclusive, there is some evidence that the children who came from homes receiving cash transfers for a year had an improved nutritional status according to body mass index indicators.

Cash transfers have a positive impact on school attendance and progress. Children from homes receiving cash transfers were absent from school less often, as they were not sent home for lacking fees, uniforms or stationery. Some children from homes without cash transfers had left school altogether as the harassment from school authorities became too much. Those that still went to school also talked about how their progress was affected by feeling hungry in class, worrying about poverty at home and having no kerosene to study at night.

It is therefore not surprising that children from homes receiving cash transfers scored statistically significant higher scores on a depression scale than the other group. It was also clear that more money coming into the home improved the relationship between children and grandparents because it reduced stress. Children felt more loved when their grandmother was able to meet their material needs, and conflict between the generations was reduced.

## **THE IMPLEMENTATION OF THE KWAWAZEE PENSIONS FUND**

### **The project**

KwaWazee began at the end of 2003 as a small-scale project which aimed to learn more about the realities of older people's lives and how best to respond to them. Since initially there was no intention of becoming a larger scale programme, KwaWazee did not systematically try to reach a defined number of older people in a certain geographic area with clearly defined criteria.

At the start, when funds were very limited, the objective was to support a few dozen of the most vulnerable older people in and around a group of villages called Nshamba. A team of community volunteers with first-hand experience of living conditions in the area selected the beneficiaries using broad proxy indicators of vulnerability including age, health, and living conditions like the extent of family support and the size of the shamba, (the area of land around the home on which staple food crops are grown). To qualify for a pension, applicants had to be over 60 and initially older people caring for grandchildren were prioritised.

In the following years, as more funds became available, KwaWazee gradually increased the number of beneficiaries. By December 2007 there were nearly 600 pensioners. Targeting and distribution procedures were adapted as coverage was extended to other villages in the Muleba District. The setting up of psychosocial support groups, in which grandparents and grandchildren met separately to share their experiences and to improve their coping mechanisms, also advanced the learning process within the project.

### **Targeting**

The percentage of older people receiving pensions varies considerably within the five distribution areas. Whereas the coverage in Nshamba and the neighbouring villages is very strong, clearly exceeding the estimated number of older women living below the basic needs poverty line, coverage in Ngenge, Mubunda, Kishanda and Bugangazi remains much lower and more incidental.

Household data from the most recently accepted beneficiaries suggests that the older people in greatest need have been reached. However, survey respondents repeatedly said that many others would equally qualify for a pension. Older people were also unclear about the project's eligibility criteria, confirming widespread experience of the difficulty of means-testing in communities where poverty is widespread. Despite all attempts by the project to be transparent and fair in its targeting, there is awareness that wherever there is a selection process there is always the possibility of bias.

### **Delivery mechanism**

The vast majority of the pensions are distributed at the paypoint in Nshamba on Wednesdays. Distribution is well organised, with short waiting times, and is conducted in a very friendly atmosphere. Pensioners are allowed to have part of their pension credited to a savings account set up for the purpose.

While the distribution procedures for older people able to collect the pension at the paypoint are reliable, the arrangements for delivery to more distant paypoints are less developed. Most difficulties arose from home delivery to older people who are physically incapable of collecting their pensions themselves. The discovery of fraud cases involving project volunteers has led to improvements to protect recipients.

### **Management**

The implementation of the project has been extremely cost-effective so far. However, the current figures do not reflect the budget required to run a pension scheme of this size on a professional basis. The volunteer structures put in place initially did not prove viable in the long run, while many of the salary and infrastructure costs have not been charged to the project so far.

The budget for 2008 suggests that 15-20 per cent of the pension fund will have to be spent on running costs, with means-testing the most costly element, particularly in more remote areas. This is in line with other means-tested cash transfer pilots.

### **Sustainability**

Pensions imply a longterm commitment, as by definition they are meant to be paid to the pensioners for the rest of their lives. KwaWazee is conscious of this and therefore tries to operate with a mid to longterm financial plan. However, it has to be stressed that projects run by non-governmental organisations like KwaWazee are only sustainable if they become part of a larger scale programme of social protection at a regional or national level.

### **Future of the project**

In four years KwaWazee has become a highly efficient pilot programme, with effective targeting, reliable delivery, and the flexibility to adapt to new needs. This is largely due to the vision and the commitment of the coordinator and staff. However, to ensure the longterm sustainability of the Pension Fund an inclusion in district plans will need to be discussed with government authorities.

For the next phase of the project the following areas for improvement have been identified:

- Further clarification of the admission criteria and the area covered by the programme.
- A more transparent information policy about the programme's objectives and limitations, to improve the community's acceptance and pensioners' sense of ownership of the scheme. For example, greater involvement of village representatives and other knowledgeable community members to improve understanding of the targeting and to minimise the possibility of excluding people in need.
- More networking with local non-governmental organisations working with orphans and vulnerable children to improve practice and to raise more awareness for supporting older people and skipped generation households.

## **SOCIAL PROTECTION FOR OLDER PEOPLE IN TANZANIA**

Few countries in Sub-Saharan Africa have instituted national social pension schemes to the older people, a fact which has been attributed to their cost.

However, evidence from countries already implementing large-scale social pension schemes indicates that their overall cost is relatively low, and ranges from one to two per cent of Gross Domestic Product. The experience of existing schemes also demonstrates that the universal provision of social pensions to older people is administratively simpler and less expensive than means-tested provision.

In Tanzania, the provision of social protection to vulnerable groups is a policy aimed at reducing poverty rooted in the National Strategy for Growth and Reduction of Poverty (MKUKUTA). Social pensions are seen as an effective way of implementing one of MKUKUTA's most fundamental objectives: the reduction in the numbers of people living below food and basic needs poverty lines. Some 40 per cent of older people are eligible for social protection under the MKUKUTA mandate and should be covered by effective social protection measures by 2010.

The country's main social protection scheme with direct relevance to older people's welfare is the employee contributory social security pension scheme. But this is limited in terms of its coverage: only five per cent of the working population contributes, a manifestation of the low numbers who are formally employed. There is very little documentation in Tanzania on social pensions or social assistance for older people. Thus, the KwaWazee scheme can be regarded as a step towards the introduction of more such provision in Tanzania.

The review of the literature on social assistance for older people and the findings from the KwaWazee project show that investment in social protection and in social transfers is a particularly effective way of targeting the poorest people in developing countries. Universal non-contributory pensions help to improve the lives of all the generations and have direct benefits for both families and communities. Social pensions are an important way of providing support to vulnerable older people, vulnerable children and people affected by HIV and AIDS.

Tanzania's National Multisectoral Social Protection Framework provides an entry point to implement social protection strategies. The framework focuses on how, given the country's widespread poverty, to reduce (word order) poverty among the insecure population by providing social protection to vulnerable groups including orphans and older people. In addition, it looks at how social protection can enhance economic development. Potentially, it has the capacity to bring about profound changes to the lives of the poor, while promoting social equity and inclusion.

As the Social Protection Framework develops, there are several policy and methodological gaps that need to be addressed. These include defining clear eligibility criteria for social protection for older people to reach the 40 per cent target stipulated in MKUKUTA. Another challenge is the realisation of social protection measures such as the existing entitlement of free access to health services for older people.

Effective communication with local authorities is imperative to enhance the sustainability of social assistance programmes. Stakeholders should work towards increasing the provision of social protection for older people by integrating programmes into District Council Comprehensive Plans – a measure that would secure council funding.

Although the literature is rich on lessons on cash transfers worldwide, little is documented on how such schemes work in specific countries. The wide dissemination of the KwaWazee evaluation findings is therefore imperative and could influence how measures laid down in the national social protection framework are implemented.

Finally, providing older people with identity cards is one of the key strategies identified in the Social Protection Framework. Stakeholders are urged to play major role in setting up mechanisms to support this process.



## KEY FINDINGS

Issues emerging from all parts of the assessment lead to the following key findings:

### **Older people and children affected by HIV and AIDS**

- Older people who are already vulnerable to chronic poverty are placed further at risk by the consequences of HIV and AIDS such as the reduction in their family support networks.
- Older people have involuntarily become important actors in the crisis, caring for sick adult children and bringing up orphans and vulnerable children.
- All older people, whether they care for grandchildren or not, are severely at risk of being trapped in a spiral of poverty.
- In households where older people care for children, poverty directly impacts on the children's nutrition, wellbeing and educational opportunities.

### **Impact of social pensions on older people and children**

- Social pensions are an effective way of bringing more stability and dignity to the lives of older people. They significantly improve food security and the ability to meet basic needs, resulting in better hygiene, self-confidence and the increased ability to strengthen family support networks and reciprocal relationships.
- Pensions significantly improved recipients' psychosocial wellbeing. Pensioners felt less worried about the future, less lonely, slept better and showed pride in the way they were coping.
- Regular pensions and child benefits lead to greater financial stability and better protection against crises such as illnesses or droughts. In difficult times, pensioners had to resort less to measures such as begging, day labour or selling assets.
- Children living in homes with a pension and child-benefits are better off than children in households without a pension leading to a considerable improvement in their psychosocial wellbeing: They are better satisfied after meals, have a more varied diet, and a better coverage of basic needs such as access to clothes, school materials, soap to wash and kerosene (for light to do homework), all of which are essential for school attendance and progress. They also have to do less hard work and have more time for themselves. Thus, better nutrition, better hygiene and better access to medication are likely to improve their general state of health.

### **The implementation and sustainability of the pension fund**

- The pension fund is run in an efficient and cost effective way. Satisfaction with delivery is high and the targeting of the most vulnerable older people is effective.
- However the project did demonstrate some of the inherent difficulties of implementing a means-tested pension in an area of widespread poverty. While an estimated 65 per cent of women above the age of 60 are beneficiaries in the project's target area of Nshamba, older people and key informants felt strongly that there were many more who would qualify for a pension.
- The high percentage of the rural population living in poverty<sup>1</sup> and the even higher vulnerability of older people and their dependants strengthens the case for a universal non-contributory pension.<sup>2</sup> All the difficulties and problems with means-testing would be solved, leading to greater transparency and acceptance of the pension by the community.
- Given the programme's contribution to reducing poverty in the project area, measures to ensure its long term sustainability and increase its coverage need to be discussed with government authorities. Making the project a part of government policy on social protection through district and council comprehensive plans could be an important stepping stone to securing long term financial sustainability for older people and their dependents.

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<sup>1</sup> According to the UN Human Development Report 2007/2008 57.9 per cent of the population of Tanzania are living with less than US\$1 per day and 89.9 per cent on less than US\$2 a day. Latest figures for national indicators show that 35.7% of the whole population of the Republic of Tanzania live below the Basic Needs Poverty Line, which was set at TSh. 259 (0.22 US \$) per day in 2001. The percentage is distinctly higher in rural areas and it can be expected, that it is much higher for older people.

<sup>2</sup> Universal pension: regular cash income given to all older persons regardless of their socio-economic status

- The project's sustainability should also be explored further in the context of the current policy debate in Tanzania, and thought given to the role that regular cash transfers might play in attaining National Social Protection Framework and MKUKUTA targets on reducing the poverty of older people.

### **Social protection for older people in Tanzania**

A review of social protection strategies in Sub-Saharan Africa, together with the KwaWazee and other projects show:

- Investment in social protection and social transfers are a particularly effective way of targeting the poorest people in developing countries.
- Universal non-contributory pensions improve the quality of life across the generations and have direct positive benefits on families and communities, thus tackling the intergenerational nature of poverty.
- Social pensions are an effective way of providing support to older carers and vulnerable children affected by HIV and AIDS.
- A universal old-age pension from the age of 60 in Tanzania would cost 1.1 per cent of GDP in 2006 values, and a universal child benefit for school-age children and orphans 2.1 per cent of GDP, according to estimates by the International Labour Organization.<sup>3</sup> These combined measures would reduce the food poverty gap by two-thirds.

## **RECOMMENDATIONS IN THE POLICY CONTEXT OF TANZANIA**

- Civil society and donor agencies should feed the findings of this study into current policy debates on how the Tanzanian government can implement its commitments under MKUKUTA. Since the national poverty reduction strategy makes reference to social protection for 40 per cent of the most vulnerable older people, a universal pension scheme which starts off by targeting 40 per cent with the aim of increasing the coverage over time would meet MKUKUTA's stipulations.
- The Tanzanian government should consider introducing a comprehensive social protection package to reduce poverty. A central question would be how a social pension could complement child benefits and universal access to services. This is particularly important given the country's high poverty rates and high prevalence of HIV and AIDS.
- The Tanzanian government should improve access to identity documents for older people. While the study confirmed that many older people lack birth certificates or other kinds of formal identification, it is clear that strong identification systems are a precondition for the inclusion of older people and their dependents in national social protection schemes. Better identification schemes would also improve older people's access to free health care for older people, as well as facilitating the protection of the basic human rights of all citizens.
- The Tanzanian government, in accordance with its exemption policy on health care, should continue its effort to make health services available to older people, young children and single mothers free of charge.

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<sup>3</sup> Gassmann, F & Behrendt C. Simulating the effects on poverty reduction for Senegal and Tanzania. ILO Discussion Paper 15, August 2006.

# 1. INTRODUCTION

## 1.1. Background

The first case of HIV and AIDS for Tanzania was reported in 1983 in Kagera. In the following years, the HIV and AIDS pandemic spread rapidly in the region and reached a prevalence of 18% in the regional capital of Bukoba.

By 2003 nearly 20 per cent of the young people in Kagera were orphans. According to UNAIDS annual report<sup>1</sup>, by the end of 2005 an estimated 1.4 million adults and children were living with HIV and AIDS in the United Republic of Tanzania, making it one of the most affected countries in the world.<sup>2</sup>

The report adds that infection rates have diminished from 8.1 to 6.5 per cent from 1995 to 2004, although there are large regional differences. Projections suggest that HIV infection rates could be twice as high in rural areas as in urban areas by 2010.

The official HIV prevalence rate for Kagera of 3.7 per cent<sup>3</sup> strongly contrasts with prevalence rates among blood donors, with Muleba district showing the highest prevalence in the country.

The focus of national policies and international aid-programms has for a long time been on the younger generation, those who are infected and the orphans they leave behind. Only in recent years an extension of the focus to the older generations has been apparent. HIV and AIDS is increasingly seen as a livelihood-crisis which affects the whole family system:

- The loss of energy and the prevalence of age-related sickness already means an increased poverty risk for a majority of people over 60. This risk is drastically increased by the reduction or the loss of their traditional safety net as a consequence of HIV and AIDS.
- Older people are not only victims of the crisis they have also – involuntarily – become important actors: In many sub-saharan African countries up to 70 per cent of households are headed by older people following the deaths of the middle generation from AIDS. Up to 50 per cent of all orphans grow up with their grandparents.<sup>3</sup>
- Orphaned children living in older people headed households are directly affected by the structural poverty of their elderly caregivers. Their chances for foodsecurity and for a formal education, to state just two aspects, are largely put at risk. A recent study for the Ministry of Health and Social Welfare in Dar Es Salaam counted children growing up in older people headed households among the most vulnerable 5 per cent of vulnerable children.<sup>4</sup>

As a result, there has been a growing discussion on social protection by means of social cash transfers.

The joint statement from the Intergovernmental Regional Conference of March 2006, also known as ‘The Livingstone Call for Action’ also advocated social transfer programs, including social pension and social transfers to vulnerable children, older people and people with disabilities and households to be a more utilized policy option in African countries as a way of reducing poverty, promoting growth and strengthen the bond between state and citizen.

Subsequently Tanzania formed a steering committee consisting of various government ministries, the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the British government’s Department for International Development (DFID), the Swedish Embassy, Save the Children UK, Christian Action Research and Education and other civil society organisations. One of the tasks will be to develop a road map towards a social protection framework.

Tanzania’s National Strategy for Growth and Reduction of Poverty of June 2005 specifically refers to older people as one of the operational targets for adequate social protection and rights of vulnerable groups. It aims to reach 40 per cent of eligible older people with effective social protection measures by 2010.

<sup>1</sup> UNAIDS. AIDS epidemic update: special report on HIV/AIDS: December 2006

<sup>2</sup> Tanzania HIV/AIDS Indicator Survey 2003-04: Tanzania Commission for AIDS: Daressalaam, Tanzania: March 2005

<sup>3</sup> Clark, F and R. Monasch (2004). “Grandparents’ growing role as carers,” Ageing and Development, Issue 16, June 2004.

<sup>4</sup> Lindeboom, Mhamba, Kilama, Leach „Towards Revising the Costed National MVC Programme“ report for the Ministry of Health and Social Welfare in Dar Es Salaam, February 2007

### **Lessons to learn from a social pensions and cash transfer scheme in Tanzania.**

In 2003 in Nshamba, an area in Kagera's Muleba district, a small organization called 'KwaWazee' started a small-scale programme to support older people and orphaned grandchildren through social pensions and child benefits.

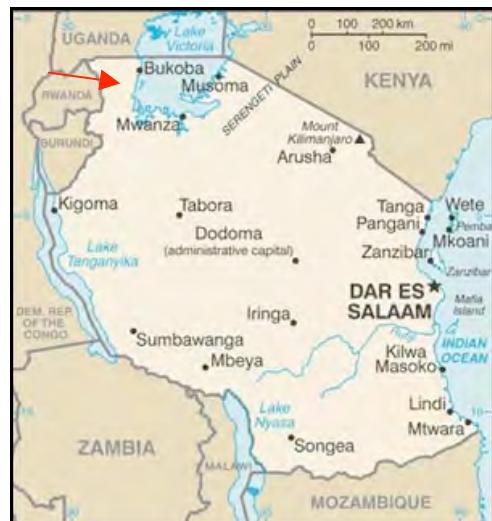
The programme gradually expanded to neighbouring villages and by March 2007 over 1000 older people and grandchildren were receiving pensions and child benefits.

Since the end of 2005 the KwaWazee Pensions Fund has been complemented by KwaWazee PSS, a group intervention programme which provides psychosocial and additional material support for a number of pensioners and for their grandchildren. The regular meetings with the three groups of older people – and parallel meetings of groups of their grandchildren – also represents an important opportunity to learn more about the livelihood situation of these skipped generation households and of the specific stress factors emanating from the new care situation.

After four years of practical experience with the Pensions Fund it seemed appropriate to assess both the impact and the efficiency of the programme. Given the ongoing discussion about social protection, the study aimed also to make a contribution to policy makers as well as governmental and non-governmental organizations.

### **Research Area**

The town of Nshamba and neighbouring Wards, Muleba District, Kagera Region, Republic of Tanzania



map 1: Worldfactbook 2007



map 2: www.kagera.org

## 1.2. The KwaWazee pension fund in brief

### The start without blueprints and logframes

The KwaWazee Pension Fund in Nshamba started more incidentally than as a result of a thoroughly planned concept. Kurt Madörin, an aid worker who had worked in Nshamba for years and who had initiated several programmes for orphans (Humuliza, VSI) and microfinance Women's Saving and Credit Association (WOSCA) and co-founded REPSSI, retired in 2003. Working with orphans had made him increasingly aware that older persons were some of the most vulnerable people of the community and were particularly affected by the consequences of HIV and AIDS.

With part of his pension and support from friends, he set up an organization called KwaWazee – wazee means elderly in Swahili – to support older people. The pilot scheme which provided beneficiaries with a regular cash pension in the western tradition, stepped into uncharted territory as there was no such project at the time.

### The first steps

A committee made up of volunteers from WOSCA and the orphans organization (VSI) was formed. They identified needy older people according to a set of criteria based on health, property, support from the extended family and number of children cared for.

The first the payments were made to 55 pensioners from Nshamba and the surrounding villages, namely Kihumulo, Itongo and Bugarama in December 2003. Dependant upon the available funds the amount for a pension was set at 3,000 Tsh. and soon afterwards raised to 4,000 Tsh. (US\$ 3.88 at the time) plus a child benefit of 1,500 Tsh. for each child who was cared for. The payment was made from the WOSCA offices on a fixed pay day each month. In cases where a pensioner wasn't able to collect the pension personally, a committee member brought the pension to the home of the older person.

### The full programme



The first experiences were very positive and as more funds could be secured, the number of beneficiaries gradually rose. By the end of 2007, 593 older people were receiving a pension 90% were grandmothers, and half were the main carer for one or for several grandchildren.

The pension scheme was extended from the initial Nshamba Ward to more remote areas like Mubunda and Ngenge and more recently to Kishanda and Bugangazi.

Towards the end of 2005, it became clear, that the volunteer structures could no longer cope with the needs. A number of fraud cases in which pensions were withheld by committee members, precipitated the introduction of more professionalized structures.

See chapter 5 for more detailed informations about the implementaion of the Pension Fund.

The start of KwaWazee PSS (for psychosocial support) meant another important step in the development of the programme.

With the assistance of REPSSI and HelpAge Germany a group approach scheme for grandmothers and their grandchildren was set up in 2005. The main objectives were to better support older people in their daily needs, in particular also in psychosocial matters, to improve relationships in skipped generation households and to advocate older people's rights in the community. The sessions with the three groups of grandmothers and the sessions with their grandchildren soon proved to be invaluable for a better understanding of their situation and for a more focussed approach to meeting their needs.

From the outset, it had been an objective of KwaWazee to contribute to the debate on social protection for older people and on their role as caregivers. An exhibition of photographs by the German artist Christoph Gödan, shown in 2007 in Germany and Switzerland, attracted much media interest and raised additional funds for the Pension Fund.

## CASE STUDY 1

*Can you see this mark on my leg? They harmed me, it happened in the place where I was married – not far from here. After my husband died, my son tried to take my house and he had paid some people to kill me. I cried and fell down and I came here to my sister's place and was treated here in this village. That was about 10 years ago, before this young grandson was born. Later I went to court and stayed with my sister while the case was on. After I the court case I went to the village chairman and he advised me to leave that place, so I stayed here. Now my sister has died.*

*In the court my son sat on a chair while I sat on the floor. The judge asked my son "Is this your mother?" My son said yes. A second time he asked him "Is this your mother?" and my son said yes. The judge asked my son to leave that chair so that I would sit on it. Although my son appealed to the secondary court I won the case.*



*I had 10 children. Three are still alive. One is the son who took me to court – he sold the land and disappeared. The eldest one is mad and the other one is the mother of these two grandchildren. There was another one who was the only one supporting me but he got killed somewhere last year. The mother of these two children lives nearby [in Nshamba].*

*The grandchildren stay here to look after me, to fetch water for me and to carry banana into the house for me when it is cut.*

*My main worry is that my house will fall down, then what would I do? Part of the house is supported by posts. During the dry season I think of repairing it as the posts are there but the mud to make the walls is a problem. After this I need clothes and bedsheets. You see this kanga I am wearing? I bought it when my husband was still alive. And we all sleep together using one sheet and one old blanket.*

*Female pensioner who cares for two grandchildren (the complete Case Study is in Annex 5)*

## 2. METHODOLOGY

### 2.1 Objectives of the Study

- To assess the efficiency and the effectiveness of the Pension Fund programme of KwaWazee as a tool to access vulnerable older people as well as orphaned grandchildren living in older people headed households.
- To contribute to improvements of the programme and to develop a structure for ongoing monitoring as well as creating a data base which can be used for the replication of this approach or as a basis for similar programmes in other contexts.
- To create a platform, and the data to support this, for public, media, government and funder advocacy initiatives in relation to such programmes.
- To contribute to the on-going policy discussion on social protection through a review and analysis of the broader context of the Pension Fund programme and the respective institutional support for older people and orphans cared by grandparents at district, regional and national level.

### 2.2 Methods with older people

#### Quasi-experimental comparison group design

In the absence of baseline-information about the pensioners a (post intervention) *quasi-experimental comparison group design*<sup>5</sup> was chosen to assess the impact of the cash transfer through both quantitative and qualitative data.

For this purpose the following two groups were determined:

- The *Experimental or Project group*, included people, who by November 2007 had received a pension for at least 14 months. In this study members of the Project group are also called 'pensioners'.
- The *Control group* consisted of an equal number of older people with comparable social and economic background in the same geographical area. They were recently admitted to receive a pension, but their support only started after the fieldwork in December 2007. In the study they are also referred to as 'non-pensioners'.

**Table 1 Sample Numbers Older People**

	Project group Carers	Project group Non-Carers	<b>Project Group</b>	Control group Carers	Control group Non-Carers	<b>Control Group</b>
Standardized Questionnaires	29	25	<b>54</b>	29	25	<b>54</b>
Focus Groups (5-8 participants each) on Health, Support Network, Care Situation, Implementation of PF	4	2	<b>6</b>	2	1	<b>3</b>
Case Studies	4	1	<b>5</b>	2	2	<b>4</b>

#### Participatory development of hypotheses and indicators

At the start of the project there were few formulated objectives or hypotheses about the desired impact of the pension fund.

The project was mainly based on the experience that many of the older people were among the most vulnerable people in the community and that they needed special support. It was also based on the assumption that - like social pensions in western societies - regular cash transfer provide the most options for recipients to improve their social security. From the outset the coordinator actively gathered feedback from pensioners about their circumstances of living and about how they perceived the impact of the pensions. This process was intensified with the start of the psycho-social support groups (PSS).

Largely from their feedback a set of hypotheses was developed which were used as guidelines for the assessment (see Annex 2).

The pensioners groups were also included in the process of defining suitable indicators for some of the hypotheses. Valuable information and incentive were given to the research team in the form of a household-survey on income and expenditure carried out by the PSS groups in June 2007.

<sup>5</sup> Posovac & Carey, 1997: Program Evaluation: Methods and Case Studies: Prentice Hall

## **Ethical Principles**

The research aimed both to meet high ethical standards and to create conditions which would produce results that were as genuine and reliable as possible.

As the members of the *control group*, for reasons of comparability, had to meet all the criteria for being accepted to the Pensions Fund, it appeared ethically imperative to accept them as new pensioners immediately after completion of the fieldwork. This also meant – and it was highlighted at every occasion and in particular before the group discussions and the questionnaire – that whatever they said they could neither improve or put at risk their status, and that they would get their pension irrespective of their answers.

The same condition also applied to the *project group*.

The *principle of anonymity and confidentiality* was also applied in the sense that none of their names would be made public and that none of the quotes reported would be identifiable. This was made clear to participants.

The *principle of informed consent* was applied in all areas of the research. Great care was made to provide honest and clear information about the objectives of the research and how the results would be used. It was highlighted at every occasion that the readers of the report would not be able to link any of the quotations to an interviewed person. Participants were also assured that they could choose not to participate in any activity in which they might feel uncomfortable, be it during the questionnaire, or during individual interviews and group discussions.

## **Comparative study with quantitative and qualitative data**

Several methods were applied to combine the advantages, and minimize the limitations, of both quantitative and qualitative approaches: A *standardized questionnaire* aimed to investigate whether and in which areas statistically significant differences could be found and where trends could be identified. the *focus group discussions* aimed to provide in-depth information on key areas such as 'health' and the 'support system' provided within the family and neighbourhood, and on the particular situation of those older people who care for grandchildren. The *case studies* were intended to reveal individual life histories.

### **Quantitative Methods**

#### **Sampling**

##### **Project group**

The Pensions-Fund started at the end of 2003. By September 2006 a total of 400 older people received a pension, most of them in Nshamba - including a few sub-villages (320 pensions), and a total of 80 pensions in Mubunda and Ngenge. Both latter areas are generally considered poorer than the Nshamba area. Mainly for logistical reasons it was decided to concentrate the quantitative part of the impact assessment on the Nshamba area.

Just about 50 per cent of these 320 pensioners in Nshamba are main-carers for a total of 370 children, for whom they get child benefits. Taking this into account it was decided to apply a *stratified random sampling*. To get some indication about whether the duration of the pension-payments also mattered to some extent, the group of 320 pensioners was divided into three parts. Consequently 30 'carers' and 'non carers' from the group who had received their pension for 30 months or longer were selected randomly along with 30 'carers' and 'non carers' from those who had received their pension for 14 months or longer. Given the state of health of many of the pensioners and the long walking distances the study aimed for at least 100 interviews altogether. With 108 interviews this objective was exceeded.

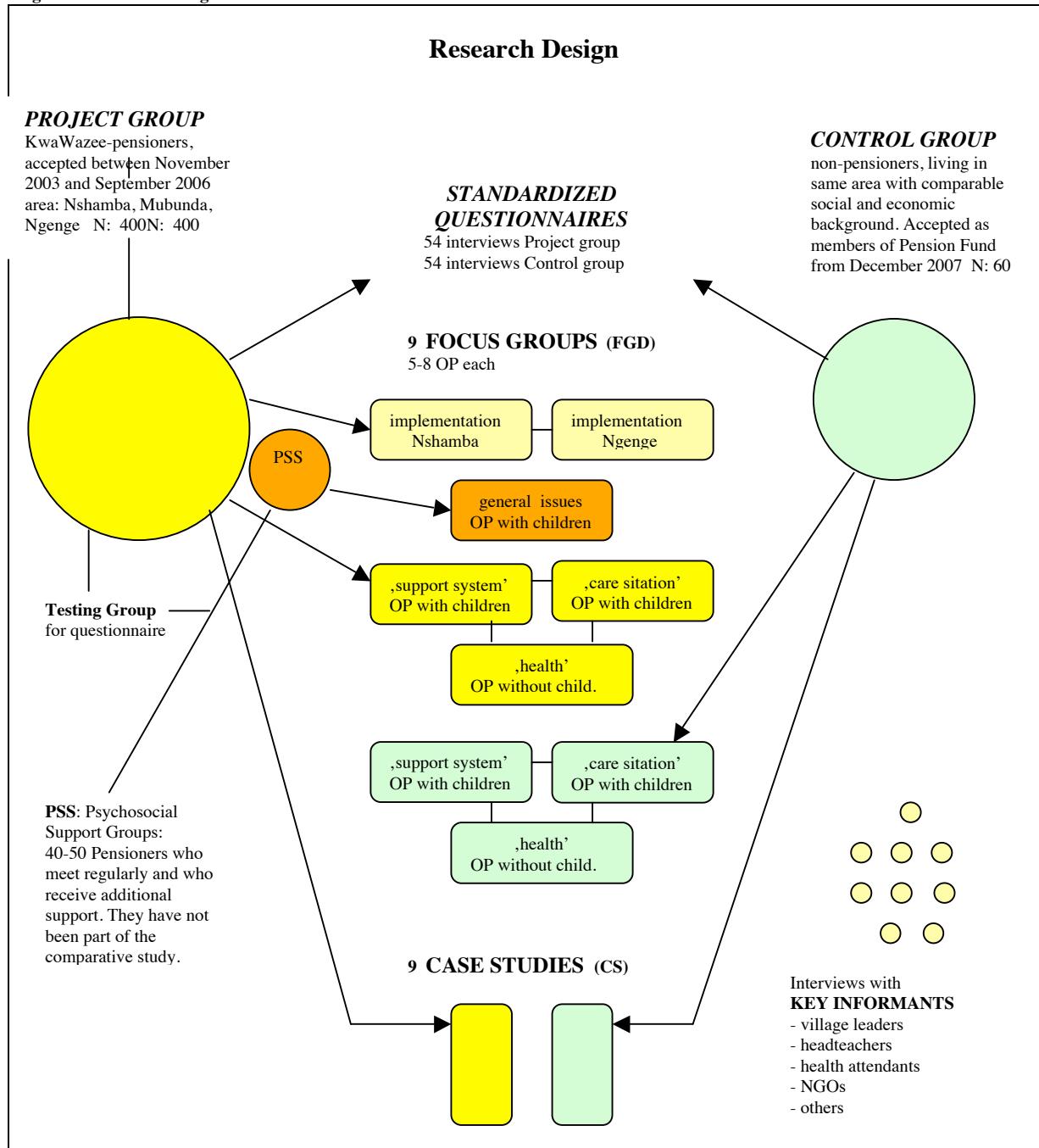
Pensioners who are part of the PSS-Project (psychosocial-support groups) and therefore get additional assistance, were exempt from the quantitative study.

##### **Control group**

For ethical reasons it was decided that all control group participants would be accepted as new pensioners, but of course, only after the completion of the comparative study. This meant that they had to be assessed and to meet the criteria for being accepted as any other pensioner before them. The process was facilitated by the fact that most of them had already been on the waiting list of the Nshamba area.

Part of the control group was taken from the two new areas of the pensions fund, namely Kishanda and Buganguzi which had been included since 2007. With 54 members the control group was comparable in size to the project group, as well as in the proportion of carers and non-carers.

**Figure 1** Research Design



### Standardized Questionnaire

The questionnaire was written In English and then translated into the local language KiHaya. To test the quality it was translated by a different person back into English. Adaptations were made after the test interviews.

The study interviews were carried out by a local team of enumerators, all native KiHaya speakers. In most cases The location was the paypoint in Nshamba. About five per cent – older people in very remote areas or or those who had difficulty in travelling – were visited at their homes.

The young enumerators previously had no experience with questionnaires. They were trained during five days by a supervisor and in the last stages by the research team. The quality of the interviews was not in all cases satisfactorily at the start, but reached a very good standard through monitoring within the first couple of days. With the exception of a couple of interviews during the first two days, all interviews could be used for the survey.

The questionnaire included three sections: The first part had to be answered by all of the interviewees. A second part contained specific questions for carers only in project and control groups. A third part was directed only to the pensioners (project group) and focused on satisfaction with the service and other aspects of the implementation.

Most of the questionnaire was standardized, but included a section in which the interviewees were able to express any changes they experienced respectively, or expected to see, as a result of the pension. The enumerators listed the answers which were categorized later.

#### Qualitative methods

A total of 9 *Focus Group Discussions* were held in Nshamba, Kishanda, Itongo and Ngenge. Structured discussions on topics like health, support network, and care situation were held with groups of both pensioners and non-pensioners. Two focus group discussions with pensioners only, concentrated on the implementation.

Whereas the participants of the survey were randomly selected, participants of the focus group discussions and case studies were chosen in a more focussed way. The research team tried to make sure that members of all age groups, were represented, carers as well as non-carers as well as a few male pensioners. People at the upper end of a poverty ranking were included as well as at the lower end.

Members of the PSS group were excluded from the comparative study. However, as most of the members of the PSS-groups have gained a lot of experience to express themselves it seemed reasonable to include them in one focus group.

#### Data collection technique and data analysis

Both primary and secondary data sources were used. Primary data was gained through the standardized questionnaire, through structured discussions and interviews with focus groups and case studies and with semi-structured interviews with the coordinator, the staff and with key informants. Secondary data included the intra-household survey with the PSS groups, research reports and internet searches.

To analyze the standardized questionnaire the Statistical Package for Social Scientists (SPSS) was used.

#### Limitations

The main limitation for the quantitative study was the limited sample number. Organizing 108 interviews was a huge challenge for the small KwaWazee team (see annex 1). Another factor was the decision taken for ethical reasons that all members of the control group would become new beneficiaries after the study. This represented a longer term commitment and obviously had budgetary implications.

Despite the sample size however, there were strong differences in findings between the Project and Control groups and the survey offered statistically significant results in most relevant areas of the research. In other areas more or less distinct trends appeared.

For logistical reasons the two villages, Ngenge and Mubunda, couldn't be included in the comparative study. Both would rate as poorer areas compared to Nshamba. A focus group discussion in Ngenge on implementation confirmed that data collection would have been of additional interest for the survey.

In the qualitative part of the study not all relevant topics could be addressed or could be addressed only with a section of the older people. For example, the focus groups on health issues only included the non-carer group.

The absence of baseline information led to the quasi experimental comparison group design. This has the advantage of limiting external factors to the outcome of an intervention. The quality of the results however depends on the degree of comparability of both project and control group. This was probably achieved in the best possible way.

#### Comparability of project and control group

It was assumed that, if the same standards and criteria for admission to the pensions fund were applied for the project and for the control group, and the geographical area was very similar, differences between the two groups could largely be attributed to the effects of the cash transfers.

After all of the focus group discussions and case study-interviews the research team shared the impression that some of the non-pensioner participants appeared a bit better off than those with pensions.

Later when the data on the household economy in the questionnaire was compared, this impression was confirmed: Practically all household characteristics in the questionnaire such as ownership and size of land, quality of the house, number of crops, assets, and income showed higher or equivalent values for the control group. The project group as a whole owned less land and smaller plots, had less assets such as goats, and had slightly lower cash income if the pension was excluded.

**Table 2 Comparability of project and control groups**

statements, estimates made in standardized questionnaire		Project Group (54)	Control Group (54)	Difference to Project G. where significant
<b>size of household</b>	<i>average n. of people in HH</i>	3.05	3.11	
<b>state of the house</b>	<i>roof with iron sheets</i> <i>roof intact (keeps rain out)</i>	81 % 46 %	81 % 37 %	
<b>ownership</b>	<i>house</i> <i>land</i>	68 % 59 %	67 % 68 %	+ 15%
<b>size of land</b> how many bakuli (=vessel) could you harvest on your land? (beans and maize are main subsistence crops)	<i>average number of Bakuli of beans</i> <i>average number of Bakuli of maize</i>	7.3 2.33	8.7 2.66	+ 19 % + 14 %
<b>variety of crops</b>	<i>number of different crops on the farm</i>	7.4	7.9	
<b>assets</b>	<i>households owning a goat</i> <i>chicken</i>	13 % 9 %	22 % 13 %	
<b>cash income in one month</b> (without the pension) 1'180 Tsh. equals appr. 1 US\$	<i>average per older person in a poor month</i>  <i>average per older person in a good month</i>	1'230 Tsh.  3'040 Tsh.	1'260 Tsh.  3'920 Tsh.	+ 29%
<b>support</b>	<i>average number of own children whom they might get support of</i>	0.67	0.76	

The two groups not only differed slightly in the household economy but also in age:

The youngest age group (61-70 years old) is overrepresented in the control group (52.2% compared to 38.4% in the project group). This difference may be of importance when, for example, the state of health is compared between the two groups.

		Project Group	Control group
<b>age distribution</b>	61-70 71 and older age unknown (tend to be in oldest age groups)	15 23 16	22 22 10

Conclusion on the comparability of project group and control group

Practically all household characteristics in the questionnaire such as ownership and size of land, quality of the house, number of crops, assets and income show higher or equivalent values for the control group. The differences between project group and control group may be seen as an indication that in the targeting areas a high percentage of the particularly vulnerable older people in terms of high age and poverty status had already been reached and that overall slightly 'softer' criteria were applied with the control group. However, the fact that the project group started from a lower basis should strengthen the value of the results.

## 2.3 Methods with children

### Sampling

As with the adult study the children's study used a quasi-experimental comparison group design (Posavac & Carey, 1997) to evaluate the impact of the cash transfer through both quantitative and qualitative data.

The experimental (or 'project') group were selected from households who were part of the randomly selected sample for the accompanying study of older carers. The project group children all therefore came from homes where a pension payment was being received.

The control group were selected from children who are also cared for by grandparents (mostly grandmothers) but whose households are not yet receiving the pension payment. They matched the project group in terms of age, gender and geographical area.

### Participatory development of indicators

Participation is a central principle of the KwaWazee project. Thus it was important that children were involved in the conceptualisation of the evaluation. During the evaluation planning phase children who were members of

the psychosocial support groups (PSS) were involved in the development of indicators of impact. This ensured that the indicators were rooted in reality. Children who attended the three PSS groups were asked to talk about the difference between orphan children living with a granny who got no pension and those children who lived in a house with a pension. The following is an example of what the children said:

*They have sometimes no food, or they have only “ugali” (maize flour porridge) without any sauce or vegetables. Instead they use just water, and there is no salt in the ugali.*

*They spend some days without food.*

*They are beggars – they go to neighbours where they can get support.*

*They have torn clothes, and only short trousers or short clothes.*

*They are often dirty, because they have no soap.*

*The skin is not fine, because they have no soap and no body oil.*

*Those without support have no exercise books and would be beaten by the teachers.*

*We get time to rest, because we have not to work like the others (e.g. to weed for money, to cut grasses to sell)*

*We wear shoes at school, others not.*

*They sleep better because they have clean blankets.*

*Those without support have no uniform and are chased from the school.*

These ideas were then worked into a systematic set of indicators (see Indicator table below)

### Indicators

The table below outlines the indicators used in the evaluation.

**Table 3: Indicators for survey with children**

Material well being
Food
Clothes
Soap
Time usage
Household work
Earning work
Time for yourself
School
Attendance and progress
Materials and uniform
Discrimination
Emotional stress
Relationships within the family – between children and children between granny and children
Health

### Research approach

The research approach was a participatory one in which a series of activities were devised that would measure each of the indicators in the table above (See annex 8). These activities suited the age and stage of development of the children (O’Kane, 1998).

The importance of checking with the children was reinforced again and again in this study when a research tool was used that we thought was simple and clear but the children (using simple logic) often turned it ‘on its head’.

For example, one activity required children to place a bean on a chart for every hour they had time to play during the day. We were surprised when both project and control group placed many beans on weekdays as we had anticipated that the main spare time they would have would be on Sundays and Saturdays. When we checked with the children we discovered they had included the time they spent playing at school. When these beans were removed we had a much clearer picture of their actual spare time after school hours.

The children worked through the activities in a one-day workshop that included a meal and time for games and relaxation. They were divided into two age groups, 9-12 and 13-18 with ten children in each workshop (5 boys and 5 girls). Information was not analysed according to age groups but the age group split was necessary because younger children require a slightly different approach. The following is an outline of numbers.

**Table 4: Sample numbers for survey with children**

Project 9-12	Project 13+	Control 9-12	Project 13+
10	11	8	11

All the workshops were conducted in the children's home language with the outside researcher working with an interpreter/facilitator who was experienced in participatory work with children.

### **Ethical principles**

Ensuring that such a study meets ethical principles for child-participatory research is as important as encouraging participation (Corlyon, van der Merwe, Katz, & Ghate, *in press*). In particular, since the evaluation involved working with orphans and vulnerable children, it was seen as vitally important to ensure that ethical principles of beneficence and non-maleficence were given high priority.

Under the ethical principle of benefit to the child, it was seen as particularly important that children who participated in the control group should ultimately be given the opportunity of benefiting from the programme. KwaWazee's willingness and capacity for including new beneficiaries into the pension scheme once the research was over was therefore seen as essential. All households who participated in the control groups started to receive a pension the week after the fieldwork was finished.

In the workshops, the principle of minimal harm was applied through creating an environment of trust in which children were free to express only as much as they felt safe to tell. Probing a child's feelings or details of a painful event were explicitly avoided unless freely offered.

Throughout the research process, the principle of anonymity and of confidentiality was strictly applied. Apart from the obvious importance of avoiding the identification of individual participants, confidentiality was strictly maintained in the workshop where the importance of children treating each other's contributions in confidence was stressed.

The principle of informed consent was applied in that researchers explained what the research was about and how the results would be used, in a way that the children could understand. Continuous consent was applied throughout making it clear to children that they could choose not to participate in any activity in which they might feel uncomfortable, or to withdraw at any stage during the research process.

### **Limitations**

The main limitation is the small sample size. The main reason for this was because the control group was made up of children who came from households who would become part of the pension scheme once the evaluation was completed. The number of households was limited to a number that could be accommodated financially over the next five years in the pension scheme.

## **2.4 Methods of the assessment of national policies**

The chapter on social protection for older people in Tanzania draws lessons from the KwaWazee project on the perception of such projects by the local authority, links between the programme and other social protection and service providers at the local level, and the relevance of such projects to the Tanzanian social protection roadmap. It also provides an overview of the social protection experiences regionally and nationally and of stakeholders involvement in social protection in Tanzania.

The data and information presented in this paper are drawn from the literature and interviews with the national and local government officials and few non-governmental organizations implementing programmes for older people. The following documents were included in the desk review: KwaWazee programme documents, Muleba Council Comprehensive Plans, draft National Social Protection Framework, commissioned background papers for the Social Protection Framework and international and national literature on social protection. Interviews were held with KwaWazee programme implementers, representatives of local government authority in particular the Council Health Management Team and the social welfare officials, and central government officials from the Department of Social Welfare under the Ministry of Health and Social Welfare. At national level, interviews were also held with partners such as HelpAge International, International Labour Organization (ILO), Save the Children, and Research on Poverty Alleviation (REPOA).

## CASE STUDY 2

*I moved here because of the trouble I had as I had no food for my children. First I was okay but then my children left me or went to other places and I was left alone. Now I have just one child left, a daughter who is married in Nshamba, the others got lost, they went away and I had no contact anymore. Four of the seven have died, I buried them. Two were brought home dead and another sank in a river. The fourth to die was just newly married. Of the three alive, the first one, born in 1954 married near here, she is now a widow.*

*The other one was taken away by a woman as a housekeeper, when she was a girl. I have never seen her again. I sued the parents of that woman that took her. But they said you have to wait because we don't have any contact with her. I sued again, to tell her she should bring my daughter back, but then the father died and I gave it up.*

*The other daughter is just wandering around. She lives in Bukoba district.*

*We couldn't make a living while my husband was still alive, because of all the alcohol. The white man (from the church) gave the children clothes. He even gave me the money when I had to go to the hospital. And he would regularly bring a bunch of bananas and a little money. I would economize, so that by the time it was gone the white man would come again. I also grew some plants like cassava and sweet potatoes to supplement*



*The boy, I took him into my house when he was 3 years old. They brought him, because the marriage of my son and his wife had fallen apart, and he had left to the island. I have never seen my son until they brought his coat and trousers to tell me he had died in the river. The son is 16 now, in Standard 3, so he is behind. I haven't seen the mother, she was not from here.*

*The other two grandchildren were just left with me with no notice. When I arrived at home there was a crowd, who said she had left these children saying they were near home. When I went to the chairperson and informed him, he advised me that it wouldn't be good to reject my grandchildren. That's 7 months ago. They are both girls, 3 and 4 years old. I went to the church and wanted them to be baptized, but the priest refused and said I should wait for the father.*

*Female pensioner caring for a grandson and two granddaughters (the complete Case Study is in Annex 5)*

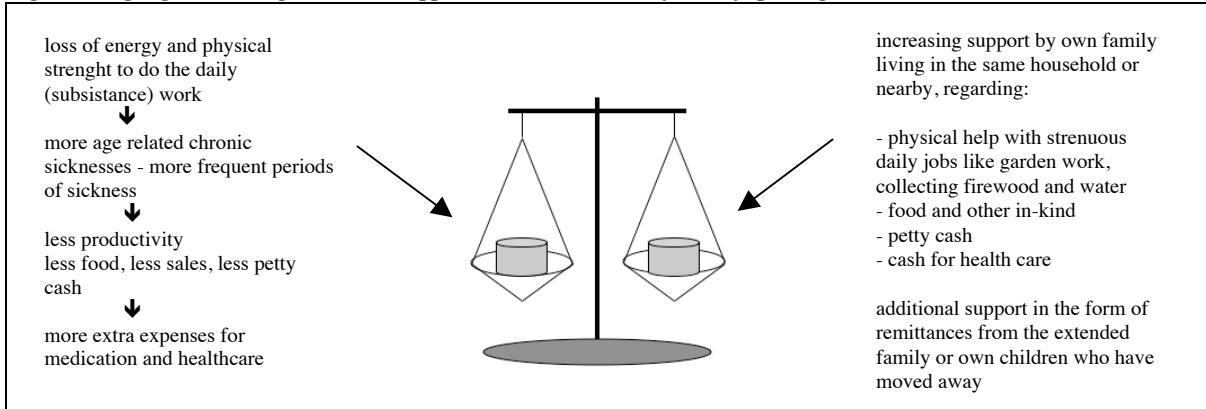
### 3. THE IMPACT OF PENSIONS ON OLDER PEOPLE

#### 3.1 The Weight of Ageing in rural Kagera

This introduction, based on the findings of the study, attempts to demonstrate the increasing vulnerability of older people, the consequences of HIV/AIDS for their support systems and how social pensions can help.

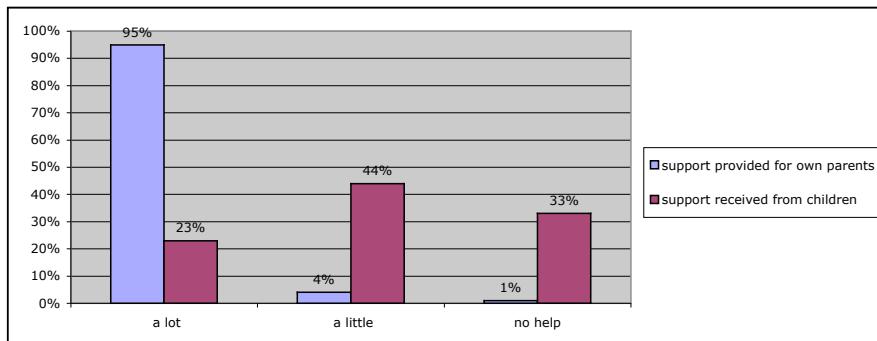
Older people belong to the most vulnerable members of a community. Their capacity for self-dependence decreases with the loss of energy and physical strength and the higher incidence of illnesses that accompanies the ageing process. In the traditional context of rural Kagera, these extra burdens would ideally be largely compensated by increased support of the family.

**Figure 2:** Ageing in rural Kagera with the support of the extended family (ideally speaking)



Older people perceive that the traditional concept of solidarity within the family and the extended family is changing (see Table 5). Combined with chronic poverty in rural Tanzania, where more than 57.9% of the population are living with less than US\$ 1 per day and 89.9 % with less than US\$ 2 per day, this reduces the support available to the older generation (Source: UN Human Development Report 2007/2008).

**Table 5:** Declining support for older parents as perceived by themselves



In the survey all older people were asked to what extent they were able to support their own parents when they were weak. Some 95 per cent expressed that they could support their parents 'a lot'. When asked how much support they were now receiving from their own children the number slumped to 23 per cent. A total of 77 per cent indicated that they got little or no help from their children.

#### The consequences of HIV and AIDS drastically increase the inherent livelihood insecurity of older people

A most prominent reason for the drastic decrease, and in many cases even collapse of family support are the consequences of HIV and AIDS. They affect the situation of an older person on a number of different levels:

- The number of children alive who might support them is reduced through deaths.
- A number of those still alive find themselves – through the death of their partner or through sickness – driven into poverty and lose their capacity to support their parents.

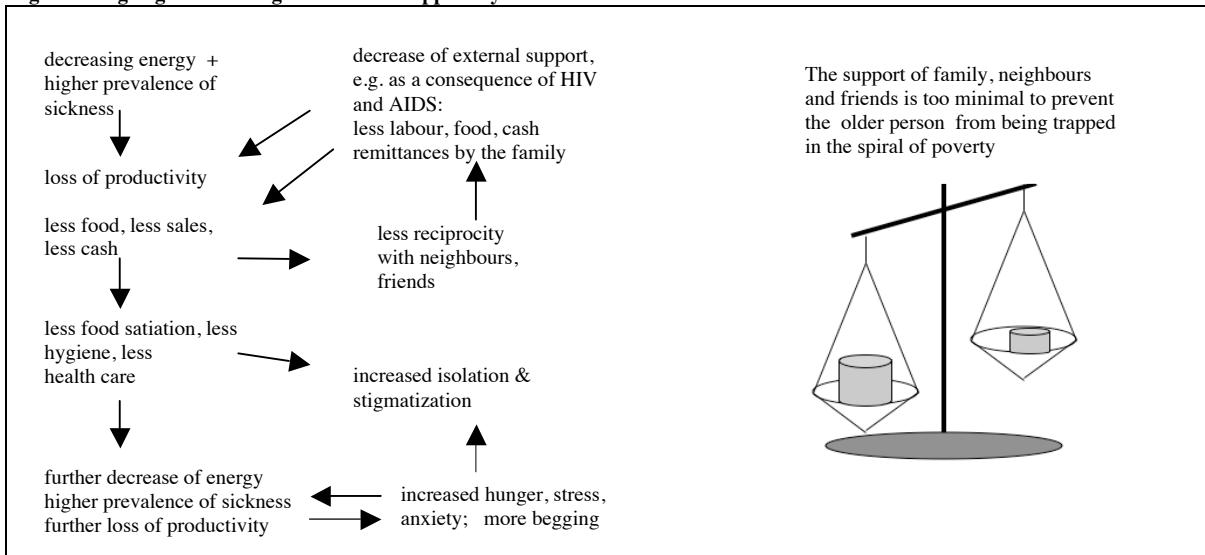
The 108 older people surveyed indicated they had a total of 672 biological children, of whom 376 were still alive and 95 could be asked for help. In other words: Of an average of 6.22 children born in the family 3.48 were still alive and only 0.88 could be asked for help.

The consequences are obvious: The system has become highly fragile and in many cases cannot prevent the older people from sinking into extreme poverty.

Older people not only suffer the reduction or loss of their support system but their household economy experiences additional burdens:

- In many cases the mothers care for their sick children, which often involves high additional spending for medication, for hospital care, for transport. Assets like animals or plots of land have to be sold.
- Up to 50% of all orphaned grandchildren are cared for by their grandparents<sup>6</sup>. While especially older grandchildren can substantially contribute to the household and are welcome for their company, to care for them means extra expenditure on food, household-essentials, clothes and school-materials.

**Figure 3: Ageing in rural Kagera when the support system fails**



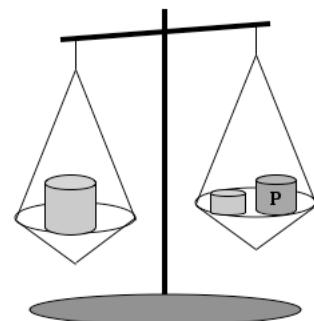
Many other situations which enhance the downward trend for an older person are not integrated in the model: For example the caring for sick children until they die, the sale of assets in moments of crisis, the loss of land in inheritance cases, as well as the toll on emotional wellbeing.

It is important to note that grandchildren are both a burden and a support to a household headed by older people. The additional costs, fears and worries, which are related to caring for grandchildren are often balanced or even outweighed by their daily contributions – fetching water, collecting firewood, and by their company.

#### The impact of social pensions

The results of the study show that social pensions and child benefits – even if they cannot make up for all of the extra weights related to ageing – bring significantly more stability, more security and eventually more dignity into the lives of older people:

- more food and more food variety
- better coverage of basic needs
- better hygiene, stabilized health
- more reciprocity in relationships
- more self-confidence, self-esteem
- more capacity to plan and a stronger future orientation
- less begging, less sale of assets, less daylabour, less daily stress, less worry, fewer anxieties.



Most of the improvements observed with older people are also experienced by the children. With better nutrition, better satisfied basic needs and better clothes, their chance of getting educated also rises considerably.

<sup>6</sup> Clark, F and R. Monasch (2004). "Grandparents' growing role as carers," Ageing and Development, Issue 16, June 2004.

### **3.2 Impact on the household economy**

*I do day labour to get food. If I get some work I get a bunch of bananas. I always work for food, even though I don't feel well and I cannot sleep well. I do this often as this is what I depend on for food. If I get some bananas one day I have food for two or three days, so the next day I work for money [TSh. 300 per day] (non-pensioner)*

#### **Hypotheses \***

- The pensions, which amount to Tsh. 6,000 for older people and to Tsh. 3,000 for each supported grandchild represent a substantial contribution towards the basic expenses of the older headed households. Substantial means up to 50% and more of all their cash expenses.
- Pensions strengthen older people in their daily subsistence work, make them less vulnerable to shock situations and improve their locus of control.
- Cash transfers reduce extreme poverty and they can prevent older people living in "shallow poverty" from shifting to extreme poverty (effect of stabilization).
- Cash transfers increase the resilience and the coping capacities of older headed household. Shocks (such as illness or periods of draught) are less frequent and less severe and older people have more options or strategies for coping.
- Cash transfers decrease the need to make debts or to sell assets (animals, land) and they increase the potential to invest in assets.
- Cash transfers decrease the need to do *kibarua* (day labour) for other people (which is badly paid) and allows older people to concentrate on their household and *shamba*

\* the entire set of hypotheses can be found in Annex 2

When the pension fund started, the KwaWazee team soon learnt that many of the pensioners previously had very little if any cash to spend on a regular basis. The value of the notes had to be explained to many of the pensioners, many had never seen a TSh. 1,000 banknote before.

Results from the survey show that pensions for most of the recipients at least double the cash they can spend. For many of them – according to their own estimates – pensions represent 80% or more of what they spend.<sup>7</sup>

#### **The amount of a pension in relation to national poverty indicators in Tanzania**

In 2000/01 the basic needs poverty line was set at TSh. 259 per adult per day - totalling TSh. 7,700 a month. If the real inflation is taken into account this poverty line would have to be considerably above TSh. 10,000 in 2007. The UN defined the line for extreme poverty to be less than US\$ 1 a day. At present rates this represents TSh. 36,000 per month.

If the pension (TSh. 6,000) is added to the average income which was declared by the 108 interviewed older people (between TSh. 1,500 for a poor month and TSh. 3,500 for a good month) it becomes obvious that the majority of older people receiving a pension still live below the basic needs poverty line. Furthermore - according to the results of this survey - more than 40% of the pensioners would still live below the even lower food poverty line (which was set at approximately TSh. 5,300 per month in 2001). In the survey over 90% indicated they had two meals per day and only 54% were usually satiated after a meal (see chapter 3.3 Nutrition).

<sup>7</sup> The survey tried to find out with different approaches how important the pension is compared to other forms of income:

- The 54 older people from the project group, who did the questionnaires, were asked to describe their income situation. They had 10 stones to place on drawings representing the main sources of income: sale of farm products, daylabour, gifts and the pension. With an average of 66% the pensions resulted to be by far the biggest source of cash-income. (For 32% of the pensioners it was 80% or more of all they received. Only for 2% of all participants it was less than 40%).

- From many other surveys it is known, that the income is usually estimated to be much lower than the expenditures (see Annex 6). There is an overall trend to rather underrate the income as opposed to the expenditures. So the participants were also asked to show, what proportion of all their expenditures was covered with the pensions. With 71% the result was higher, but still very much in the same region.

- When pensioners and non-pensioners were asked to indicate their income not in proportion but in figures this resulted in an average income per month between 1'500 Tsh. (for a poor month) and around 3'500 Tsh. (for a good month). This compares to the 6'000 Tsh. of a pension or 12'000 Tsh. including the benefit for two children.

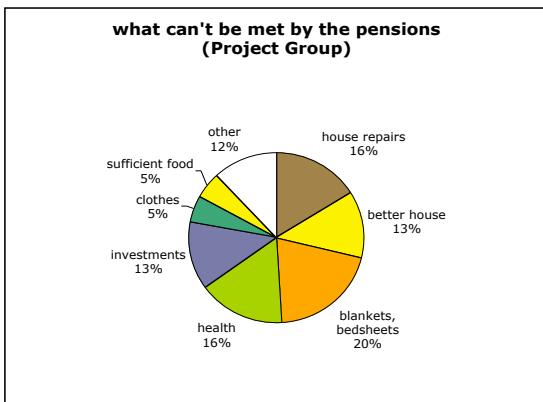
- A much more detailed survey had been carried out among the three PSS-groups prior to the impact assessment. When the (seasonal) income of coffee was ruled out the percentage of the KwaWazee support compared to the whole income reached between 60% (Itongo) and 76% (Kimuhulo).

The following two diagrams give an indication of the satisfaction of basic needs with or without a pension.

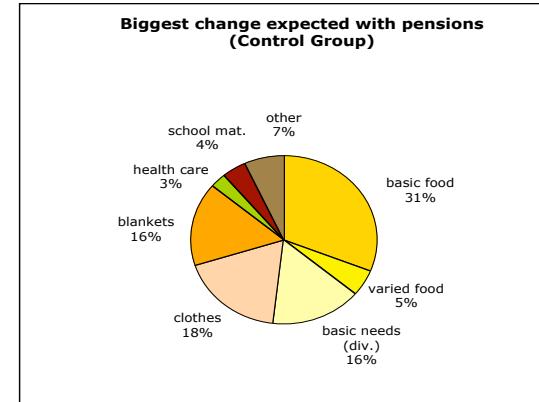
Figure 4 represents pensioners' responses to the question which were the biggest worries that persisted even with the pensions. They were asked to mention two aspects. From their answers it can be interpreted, that for most of the pension recipients the basic needs are still not secured. It had been expected that more concerns would be expressed about ageing and losing energy or about what would happen to the grandchildren when the carers died, but persisting basic needs were clearly dominant in the answers.

Figure 5 represents non-pensioners' replies to the question which were the biggest changes they expected to see with the promised pensions. Again they could mention two aspects. Their answers give an indication of what the cash income will be most used for. When pensioners were asked to consider the biggest changes experienced since they received their pensions, the answers were similar to the expectations of the non-pensioners.

**Figure 4: Biggest worries despite the pensions**



**Figure 5: Biggest expectations associated with the pensions**



If the poorest of pensioners still remain in a very critical livelihood situation, many find themselves stabilized or better protected from becoming extremely poor.

#### Pensions reduce extreme poverty and prevent poor people from falling into extreme poverty

Although the majority of the households that receive a pension would still have to be rated as extremely poor (see paragraph above), the evidence is clear that their quality of life has significantly improved: increased quantity and more varied food, better coverage of basic household needs, less begging and more reciprocity in relationships, less stress and anxiety to name just a few of the changes with the pensions. Grandchildren living in a pension household see their education opportunities improved as a consequence this.

The chapters on nutrition, health, psychosocial well-being, social relationships and on education of the grandchildren all describe different aspects of an overall improved household economy.

#### Sale of land in periods of crisis

The results from the questionnaire on household assets show that only a small minority own any assets such as goats, chickens or special household items. More than 30% of those interviewed indicated that they did not even own their house and their land. If a crisis situation occurs for an older person – very often through a death or a serious illness accompanied with loss of income and extra costs – the sale of assets is the last resort.

A male non-pensioner (Control group) recounted that he had to sell his bicycle and his radio, when problems with his legs stopped him from working. But as most household have no other assets, the sale of land often remains the only option:

In the survey 21% of the control group indicated that they had to sell land within the last two years. Considerably less but still 11% of the pensioners had to do the same. One woman in a focus group described how her crisis coincided with the start of the pension scheme and how this saved her from selling her plot.

*By the time I got sick some people were coming to my place to buy my plot because I was in a bad way. I sent the information to the ten cell leader and told him I would sell my plot. But he asked me how I would feed the children if I sold the plot. ... He told me to go to the people [KwaWazee] who are registering. So I walked to the centre and I explained everything to G. and she registered me. ... I had to send a neighbour as I had no energy. She came with money. She found me in a very bad situation. So after getting this money the neighbour and my son helped me to go to the hospital. When I came back I gave the remaining amount to people to help me cultivate my plot. I grew cassava and that is what I am living on. If it were not for these people I think I could have died. I did not sell my plot when I got this money. (pensioner)*

### Pensions stabilize subsistence activities

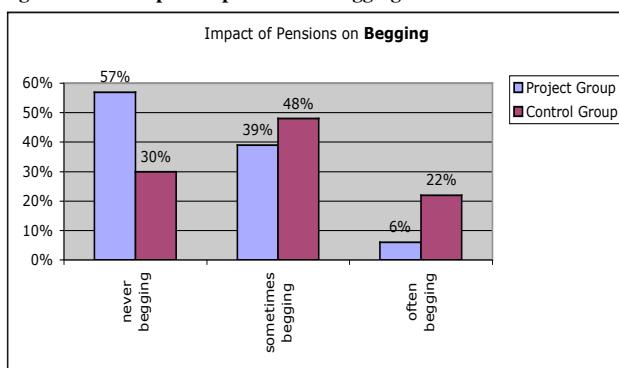
This example illustrates that in some cases pensions have an effect of stabilizing subsistence: people can be paid to cultivate the plot, to do those parts of the garden work like weeding or ploughing, which require too much physical energy for an older person. In these ways pensioners can be supported to maintain some of their subsistence capacity. The use of cash income to have the farm weeded was mentioned several times in the study. In the questionnaire some examples of modest forms of income generation were mentioned such as “*to buy trees to sell pieces of firewood*“ or “*to improve my shamba and to plant coffee trees*“.

### Pensions reduce begging

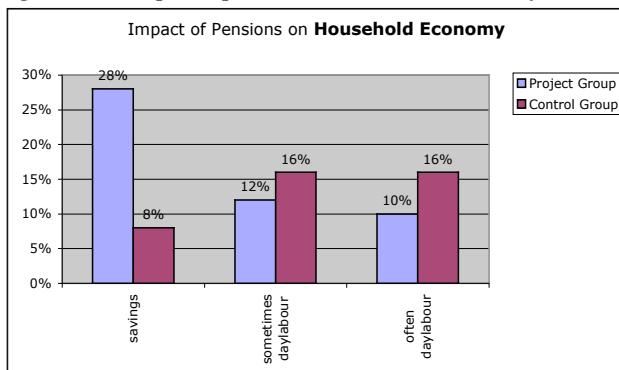
Having to beg from other people is probably not something we like to admit. The fact that only 30% of the control group reported that during the last three months they didn't have to ask for support from their neighbours appears to be a strong indication of the widespread reality of begging.

The survey showed a significant decrease in begging for pensioners: 57% never had to ask for support and only 6%, compared to 22% of the control group, had to beg regularly ( $p < 0.002$ ).

**Figure 6: The impact of pensions on begging**



**Figure 7: The impact of pensions on the household economy**



There was strong evidence that many neighbours assist older people in certain things like collecting firewood or fetching water and occasionally when they need salt or soap or kerosene. But – as one group all agreed - “*you would never get money*“. However there are also clear limits to begging: “*I had no-one to give me soap, no-one to give kerosene to me. We would live in darkness.*“ (*pensioner*)

In some cases this support is reduced with the pensions, as neighbours expect to be paid for services: “*The neighbours still help me a lot... Others stopped fetching water for me. They said you can now pay for it.*“ (*pensioner*).

However pensioners more often reported that they were better able to have reciprocal relationships with their neighbours:

*Now if I want to go somewhere I can ask my neighbour. Now they agree because they know I have something and can give something back such as mandazi [fried cakes] for them. Before they wouldn't agree to help me because I had nothing* (*pensioner*).

### **More savings give older people better protection against crises**

Clearly more of the pensioners are in a position to protect themselves from shocks and to save some money for things like medical treatment or for periods of higher food prices. 28% of the pensioners stated that they had some savings compared to 8% of non-pensioners ( $p < 0.013$ ). Savings – usually pensions which are not fully withdrawn – ranged from TSh. 1,000 to a maximum of TSh. 15,000.

### **Pensions decrease the need to do day labour and allow older people to concentrate on the household and farmwork**

A strong theme throughout the focus groups was the need to do poorly paid daylabour. Lacking any other form of cash-income older people would need to work in other people's fields to get at least a small amount of money. They described a day's labour to last between four and five hours. “*You work in the morning and don't eat anything up to 2 pm. You just go with water.*” The pay varies between TSh. 300 and TSh. 500. In these terms a pension equals the income of at least 12 working days. Very often however older people would get food instead of cash.

*Even though I am sick as I told you, I sometimes do day labour. This is to get more regular food. (non-pensioner)*

Pensioners reported how they were able to stop or to reduce daylabour. Non-pensioners expected this to happen.

*In my family, they all know that I work for food. They call me regularly to go for work. People will see that I don't go to work so much and they will see my condition improve. (non-pensioner)*

In contrast to numerous and strong accounts about daylabour in focus groups and case studies, the survey findings showed only a trend to less day-labour for pensioners. 68% of non-pensioners stated that they didn't do any daylabour at all in the last three months compared to 77% of the pensioners who didn't do daylabour ( $p < 0.510$ )

### **Verification of the hypotheses**

The evidence gathered in the study backed the hypotheses: The pensions do represent the biggest part of all available cash for the vast majority of all pensioners. Pensioners are better prepared for shocks such as illness or climate hazards, they are more self-reliant, have significantly less often to beg, they can better concentrate on their own subsistence work as they have to do less daylabour or are able to pay for external help. Pensioners have more often (small) savings for extraordinary situations and they are in a better position to get credit from shops or loans from friends. Considering the lack of basic needs, the age and the health status of most of the pensioners, an income generating effect was not expected from the pension and not in the focus of the research. There were however a number of indications that the pensions encouraged small investments or helped to increase the productivity of the farm.



### 3.3 Impact on nutrition

*We eat little foods. Yesterday we had bananas for one meal and cassava for the other. Because of the small size of our plot our main food is ugali (maize flour) – we have not enough land so we buy this maize. If I could buy other foods I would buy rice. Sometimes I feel fed up of ugali and would like some meat, beans and fish. (non-pensioner)*

#### Hypothesis

Cash transfers increase the quantity and the quality of the food intake

#### General situation of nutrition

Most of the older people have a small shamba around their house with the main subsistence crops like maize, beans, bananas, cassava, etc. This land is meant to provide most of the food for the household.

- The average shamba – according to this survey – would allow people to grow between 7 to 8 different crops, including some cash crops plants like coffee and beer-bananas, to provide a certain cash-income.
- The majority of those asked in the questionnaire own the land (59% of the pensioners and 68% of the Control group). In most of the other cases – all women – the land would be owned by relatives, mostly sons who inherited it after the death of the husband. The older woman may be allowed to use it or she would get part of the crop.
- The size of the shamba is in most cases very small, often reduced through splitting after a death.
- The food which can be grown and harvested from a shamba is also related to the physical state of the people working on it. Old age and high prevalence of sickness obviously limit the produce. Older people increasingly lack the energy for the strenuous parts of the work like weeding or ploughing, which of course has a direct effect on the harvest.
- If still physically capable, older people often or occasionally do daylabour, e.g. weeding other people's farms in exchange of food or a little bit of cash.

For most of the older people observed in this survey however all the food provided by their own shambas plus any food given as gift or purchased from sales of cash crops is clearly not sufficient. This inherent food insecurity is highly intensified in times of draughts like in 2005 or through inflation. Rising prices due to a global food crisis, as experienced in 2008, obviously have an immediate effect on quantity and quality of the nutrition.

#### Most of the pension cash is spent on food

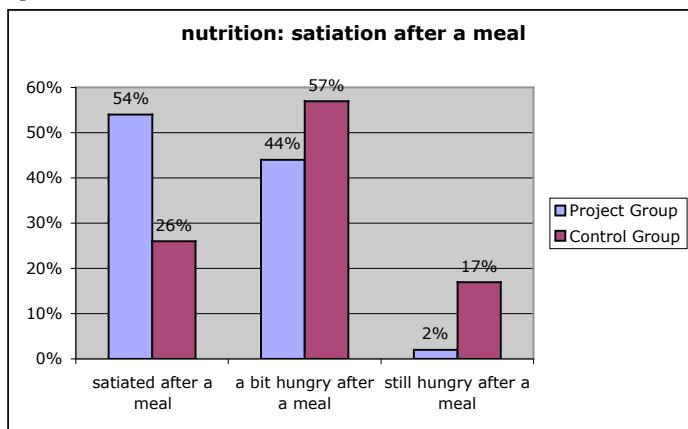
In preparation for the impact assessment an intra-household survey was carried out with members of some of the psychosocial support groups groups in June 2007. All expenditures, earnings or gifts were documented in a special diary by the grandchildren over the course of a month. (see Annex 6)

Even though the sample is too small to be representative, the results clearly showed that by far the biggest proportion of all spending is on basic food stuffs. In Itongo, for example, expenses for food totalled 54% of which 28% alone was spent on maize flour and maize.

The standardized questionnaire included a small section with open questions: Pensioners were asked to state the two biggest differences since they received the pension, while non-pensioners were asked which main differences they expected to see once they started to receive their pension. Food was clearly on top of the list and was given as the top priority by 31% of the project group and 36% of the control group. In both groups the next biggest changes were meeting basic needs.

The expenditure for extra food has a significant effect on the quantity and the quality of the food intake:

**Figure 8: Satiation after a meal**



When asked how satisfied they are after a meal the difference between the two groups was substantial and statistically significant ( $p < 0.002$ ):

54% of the pensioners were completely sated compared to only 26% of the control group and only 2% of the pensioners were still hungry compared to 17% of the control group.

When they were asked how satisfied other members in the household were, the answers were very similar.

This clear result is also reflected in the section of this report on the impact on children (chapter 4) and is supported by numerous quotes in the focus groups:

*Before we could eat but it was not enough. Now we buy rice and the children are satisfied. (pensioner)*

*I will be very very happy as I will have money to buy flour [maize flour]. My children were coming hungry from school if I didn't have energy to work for food... (non-pensioner)*

*I have been just eating sweet potatoes without any salt and sauce so I will buy meat and fish. (non-pensioner)*

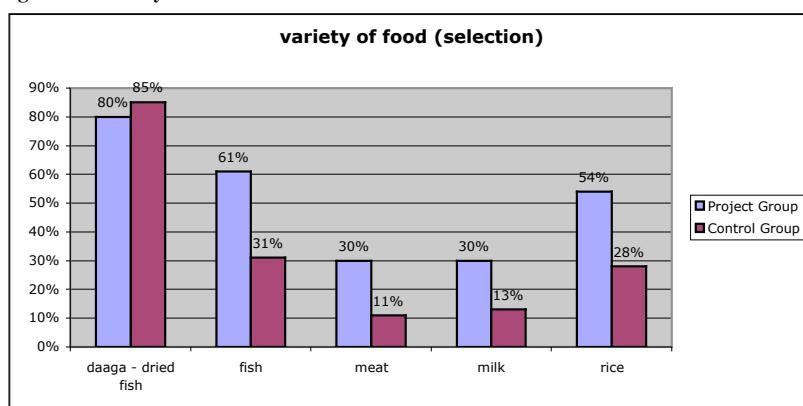
These statements underline the finding that the pensions not only improve the degree of satiation, but also the variety and richness of food intake. And the taste - salt was maybe the one item which was most often mentioned when interviewees were asked about the main differences since the pensions. An already poor and monotonous diet is worse when there is no salt or sauce or sometimes sugar to make it a bit tastier.

#### More varied and more nutritious food

When the older people were asked what different types of food they had eaten during the last month apart from maize and bananas, the project group on average reported a clearly increased variety (+24%). The result is significant with  $p < 0.013$ .

The consumption of dried fish (daaga), the most common source of protein, was comparable for both groups. Other types of fish, meat, milk and rice were consumed significantly more often by the project group.

**Figure 9: Variety of Food**



The importance of a more varied diet emerged as a theme throughout various themes of the focus groups: It was related to health and energy levels and to an improved quality of life. It was also frequently mentioned in relation to the grandchildren, where it was seen as improving relationships in the household and the children's school-performance:

*The situation I was in I had no energy. Now my energy has improved. The money I get I buy something I like – something good that can be taken, like fish, meat, sugar and add to the porridge. Now you can see I am a bit shining. (pensioner)*

*When you are sick and you have money, you can't stay in the house – you go to the hospital because you have something to pay. Most of the food also depends on money, so when you have money you have something to eat. You can easily see how lack of food contributes to poor health. (Control group)*

*I don't eat fish. I eat meat so when I get that money I can buy my preference. I also use it to buy tablets and milk which improves my health at least. (pensioner)*

*Before we could eat but it was not enough. Now we buy rice and the children are satisfied. When they didn't get enough food they cannot properly go to school. (pensioner)*

*.before children go to school they can take tea so they feel happy in their stomach. (pensioner)*

*.Sometimes when I get my pension I buy sugar and I tell my children – don't take my sugar because you know I need my sugar. And you know the state of old people is sometimes worse than children – we need to eat a lot, like them. (pensioner)*

### **Number of meals**

The results of the questionnaire also show a minor (and not statistically significant) difference in the number of meals between project and control groups: The majority in both groups reported they had two meals every day. 6% of the project group reported three meals compared to 2% of the control group. 9% of the control group indicated just one meal compared to 4% of the project group ( $p < 0.317$ ).

### **Limitation**

It can be expected that seasonality has an important impact on the nutrition as well as meteorological hazards do. Neither of these factors have been considered in this study. Generally speaking November – when the survey was carried out – would be one of the more difficult months during the year: Planting time for both, beans and maize is September, whereas harvesting starts in January. Cassava and sweet potatoes would be the most important basic food produce from the own shamba in November.

### **Verification of the hypothesis**

The evidence of the survey strongly confirmed the hypothesis: Pensioners reported a statistically significant increase for both, food intake and food variety.



### 3.4 Impact on health

*Even if you go to the dispensary there is no free treatment. You have to beg someone to get some small money for the dispensary. Look at my fingers. [they are blackened and swollen]. It is not that I don't wash my hands it is because my fingers are painful. So this pension will also help me get treatment. (non-pensioner)*

*I was not powerful, I had no energy [before the pension started], now I buy something good, like fish, meat, porridge, sugar – you see I am shining. (pensioner)*

#### Hypotheses

The regular cash transfers through pensions **improve the general health situation** as well as the psychosocial wellbeing of older people. They strengthen them in their daily subsistance work, make them less vulnerable to shock situations and improve their locus of control.

- As a consequence of better nutrition, better access to medical care and fewer periods of scarcity pensions show a positive influence on the self-reported health of older people as well as their grandchildren.
- Pensions lead to an improved health protection environment (e.g. better hygiene).
- Cash transfer reduce the signs of stress and indicators of psychosomatic illnesses.
- Pensions improve access to health services and broaden the options for treatment.

Most of the improvements made as a consequence of the pensions, such as more and richer food, better hygiene with the purchase of soap and body gel, more means of accessing medical treatment and much improved psychosocial well being, should ultimately result in an improved general state of health for the older people as well as for the grandchildren.

Two focus groups on health strongly confirmed this hypothesis:<sup>8</sup>

Pensioners perceived their health to have stayed the same or slightly improved in the last two years while non-pensioners uniformly perceived their health to have deteriorated. When the non-pensioners were asked about their particular health problems, most of them were described as chronic illnesses.

Towards the beginning of the group discussion with the project group the proposition that the pension may not be sufficient to really improve the health was put forward. The reaction was some laughter and murmurs. The interpreters then explained what the pensioners had said - “We can’t even discuss it because it [the effect of the pension on health] is so obvious.“

Pensioners linked the stabilization or relative improvement of their health to their ability to buy more and different types of food, better hygiene and clothing, the ability to buy tablets or go to hospital and to economize their physical energy.

*Most important it has helped us in this hunger period.*

*The food really helps our health.*

*We have new hens, we have soap, shoes, we don't have to go for daylabour.*

*Something which has improved our health is we don't have to go for day labour – we won't suffer so much.*

*With the money I buy tablets, I buy milk or sugar, which improves my health*

Non-pensioners mentioned what effected their health and what change they expected the pension would bring:

*When you are sick and you have money, you don't stay in the house – you go to the hospital because you have something to pay. Most of the food also depends on money, so when you have money you have something to eat. You can easily see how lack of food contributes to my poor health.*

*If I get money and buy all the things we mostly need I think there will be no problems with our health.*

<sup>1</sup> methodology

In two focus groups with the main theme of health pensioners and non-pensioners were asked to describe the change of their health within the last two years. They had to place a stone in a scale with a ☺ (for improvement) on one side and a ☹ (for deterioration) on the other side. If they felt that their health had more or less remained stable, they placed their stone in the middle zone, if they felt it had changed they placed their stone on the relevant side.

*I am sick, but when someone calls me [to do daylabour] I would go.*

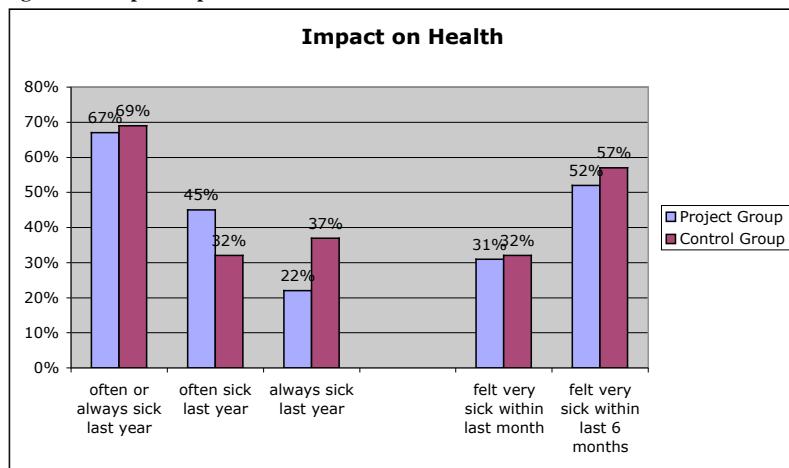
*You have to beg someone to get some small money for the dispensary. Look at my fingers. [they are blackened and swollen]. It is not that I don't wash my hands it is because my fingers are painful. So this pension will also help me get treatment.*

In contrast to statements made in most of the discussions and interviews, which strongly confirmed the effect of the pensions on health, the results from the survey were less distinct:

When interviewees were asked to describe on a scale their general state of health during the last year, a similar number stated they were never or rarely sick (33% project and 31% control) and consequently also a similar number described their state of health as often or always sick (67% project and 69% control).

Only when the answers are more differentiated, the picture becomes clearer:

**Figure 10: Impact of pensions on Health**



Of those who report themselves to be often or always sick, clearly more of the pensioners describe themselves as 'only' often sick (45% compared to 32% in the control group) whereas more of the non-pensioners describe themselves as always sick (37% compared to 22% in the project group).

17% of the pensioners were never so sick within the last 6 months, that they couldn't get up to do their work for a whole week. This compares to 11% in the control group.

The survey revealed that as a whole, the control group in terms of property and assets is slightly better off than the project group (aside from the pension) and above all that non-pensioners are younger than the pensioners.

In an area such as health and for an age-group with a high prevalence of age-related diseases, it can be expected that this also had consequence for the results.<sup>9</sup>

<sup>9</sup> There is no baseline information on the state of health of the project group before the pensions began, to compare with the present state of health. When consequently the Project group was compared to the Control group for information on the effect of pensions on health this has to be kept in mind.

In the chapter on Methodology it was noted that both groups had to meet the same criteria to receive a pension and both groups come from the same geographical area. Within these criteria (status of poverty, ownership of land or assets, support situation) – as the survey showed – the control group as a whole fared noticeably better in practically all aspects. It is likely that this also effected some of the results in the health area.

Most relevant in the relative difference between the two comparison groups appears to be the age distribution: The average member of the control group is noticeably younger than in the project group.

**Table 6: Age distribution**

		Project Group	Control Group
age distribution	61-70 71 and older age unknown (tend to be in oldest age groups)	15 23 16	22 22 10

It was not possible to get exact information on the age of some interviewees. Very often the enumerators made notes like: "very old, she doesn't know her age". However observation of the age groups shows that the control group is overrepresented in the youngest age group, whereas it can be expected that there are more members of the project group in the very old age group.

### **Soap and bedsheets/blankets contribute to an improved health environment**

Soap was a key topic in most of the discussions. It was usually one of the first things mentioned in connection with the pensions by older people as well as by the children. Soap sometimes seemed to function as a code for wellbeing. (see. chapter 4.1.4: Psychosocial wellbeing).

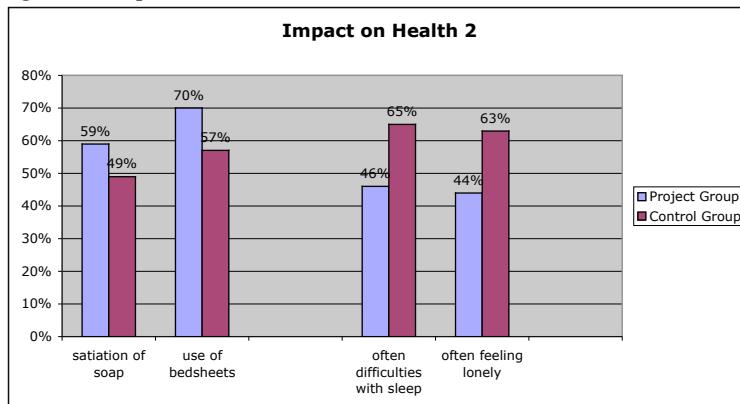
In the survey pensioners used 24% more soap than non-pensioners. However, with soap-satiation at 59 per cent, they still didn't feel their hygiene needs were fully met.

Another important item contributing to the health situation are bedsheets and blankets to allow for dry, clean and warm rest. The survey showed a relatively small difference: 70% of the pensioners used bedsheets, compared to 57% of non-pensioners. 8% of the project group reported bedsheets and blankets to be among the two biggest changes with the pensions, while 16% of the control group expected to purchase bedsheets.

However when the pensioners were asked what was still not satisfactory despite the pensions, the combination blankets/bedsheets/mattresses was at the top of the list.

Finding: Pension households use more soap (+24%) than non-pension households and satisfy more of their need for soap than non pension households ( $p < 0.075$ ). Those with more soap and bedsheets – less difficulties with sleep and loneliness

**Figure 11: Impact on Health 2**



### **Psychosomatic illnesses**

Interviewees mentioned a number of health problems which they associated with worries or, as they put it, feelings.

*When your relatives all have died you can lose your appetite.*

*Sometimes when I have feelings I cannot eat.*

*When I'm alone, nobody to support you and nobody to cook you [I get these feelings].*

*Feelings can cause high blood pressure.*

*My husband died in 2000 and all the property was given to the young wife ... you are not feeling peacefully, I cannot say what sickness exactly, you feel like haunting a bad spirit.*

Although there were no specific questions in the inquiry about psychosomatic illness, aspects of it appeared in the psychosocial part of the questionnaire:

The results show that pensioners have significantly less difficulty with sleeping (46% compared to 65% in the control group) ( $p < 0.05$ ) and that they feel less often lonely to a significant degree (44% compared to 63%) ( $p < 0.026$ ).

### **Pensions improve access to health services and broaden the options for treatment**

While pensioners reported that health care had become easier with the pensions, non pensioners placed high value on money to visit health services.

*You go to the dispensary to get tablets, you go to hospital to get treatment, you even can buy sugar if you are sick. (pensioner)*

*When I get the money I buy food. Sometimes I put aside TSh. 1,500 in case anything happens because I have one grandchild. So in case there is illness we can use this for one month. (pensioners)*

*At least it [pension money] will help a bit. Sometimes treatment will cost TSh 5,000 so we would have TSh 1,000 left. It depends on the sickness but it will help reduce our problems. (non-pensioner)*

*- When I think of it [feeling sick] and I don't have the money I feel bad. You stay with your problem because you don't have money to take to a local doctor. Apart from this medicine we need clothes. We remain poor without soap or salt so we automatically feel bad.*

In the quantitative part of the study there was a visible trend towards better use of health services. Most of the options were more often mentioned by the project group:

**Table 7: Variety of health services used**

Where would you seek help if you were seriously sick? (Several answers are possible)	project	control
<i>own remedies</i>	<b>46%</b>	37%
<i>natural herbal healer</i>	<b>83%</b>	61%
<i>Ombafumu (witchcraft healer)<sup>10</sup></i>	0%	0%
<i>pharmacy</i>	<b>61%</b>	52%
<i>dispensary</i>	59%	<b>61%</b>
<i>hospital</i>	<b>61%</b>	54%

Although a clear difference in the health options can be observed, however these are not significant and not quite as big as might be expected. It also has to be underlined that it was a hypothetical question. For example it doesn't give an answer on the question about how many of them have ever been to a hospital.

Only a marginal and incidental difference resulted from the question about the use of purchased medication. 70% of the pensioners compared to 68% of non-pensioners had purchased medication in the last three months. 75% in each group bought medication within the last year.

The type of medication was not specified. This means that the answers cover the whole range from herbs, a simple panadol available in ordinary shops, to antibiotics and more expensive medicines.

#### **The policy of free health care (Exemption policy) for people over 60 years is not properly implemented**

In 1999 a national Health Policy was introduced, which stated the provision of free medical treatment to people above the age of 60 years in state hospitals and state dispensaries.<sup>11</sup>

Without exception, none of the older people talking part in group discussions had found the policy of free health care to be working.

*The system is not working here. Maybe if you have a certain letter, but sometimes even this they will not accept.*

*You can even die and no-one will support us. I have lots of pains...Once they told me if I go to Rubia [government hospital] you can get treatment free. When I showed them the certificate they just said 'no'. My letter was signed by the village chairperson and secretary but in Rubia they didn't give me anything. (pensioner)*

*Maybe if you could get a letter from the chairperson of the village but even if this is written I don't think this will work. (pensioner)*

*For children up to five years they get free treatment but not for us grannies. (Project group)*

*The nurses always say to us – we are not the ones who manufacture these medicines. [so we have to pay for them.] (pensioner)*

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<sup>10</sup> None of the interviewees stated they consulted natural healers/witchdoctors. The explanation given by a number of younger members of the KiHaya community was this: The reputation and social acceptance of witchdoctors was very low, which made it a taboo to talk about. However in reality it is still very common to seek assistance from a witchdoctor for certain matters.

<sup>11</sup> „Furthermore, in 1999 the Minister for Health officially announced in one of the National Parliamentary Budget Sessions that all Tanzanian citizens aged 60 years and above should be exempt from user charges at government health facilities. The government emphasizes private-health care providers to administer exemptions and present their bills to the MoH for them to be compensated provided that appropriate procedures have been observed. As for waivers (a temporary relief that forgives patients who prove to be very poor and unable to pay), the government has made it clear that, these have to be granted based on the experience and discretion of health workers in consultation with local(community) leaders who may officially recommend people who are too poor to afford charges at health facilities.“ Godfrey Martin Mubyazi: „The Tanzanian Policy on Health Care Fee Waivers and Exemptions ...“, East African Journal of Public Health, Volume 1 October 2004

Interviews with people from the health services suggested that what had been learned in the focus groups could be generalized: A manager of a dispensary commented - *I am aware that the policy of exemption for older people [in state-hospitals and state-dispensaries] isn't working but I don't know exactly why.*

The second source, a clinician at a hospital run by a non-governmental organisation, was more explicit: *It's negligence of staff. Workers aren't obedient to the policy, regardless of the policy you won't get anything. The drugs are there but are being sold illegally. To control this situation the government has to know the situation and work on it. To arrest people, change the staff or something.*

Asked about his own experience with older people he said: *Income is too low for them to pay for hospital treatment .We sometimes treat older people free because we are human beings, but not usually. We can't.*

### **Obstacles for older people in accessing health care**

For many older people there are many obstacles to overcome if they need to go to hospital. Lack of money for medication or for treatment is just one thing. Very often the costs for the transport on a motorbike not to mention in a taxi, exceed their financial possibilities. If they should be away too long the farm would be neglected.

*I've been to the hospital four times this year. I walk slowly as I don't have money to pay for a car. If you paid for the fare you wouldn't be able to pay for the medicine. I walk, thinking that I could die on the way. It takes four hours – I leave home at 7 am and get there at 10 am and the same on the way back...(non-pensioner)*

*Last time there was a lot of problem. There was nobody to sell the banana while you were in hospital. If only for KwaWazee I would have had to sell my shamba. (male pensioner)*

*If we go to the hospital for treatment we wouldn't get any loan for that like in the shops. You go to a friend and borrow and pay back when you get the money. If you don't get a loan from friends you sometimes just have to sleep in your house. (pensioner)*

Regular income through the pension can make a difference:

*Before we used local herbs and you could spend a year without going to the hospital. Bit now there is a difference. Even if you don't have money you can get a loan from someone knowing you will pay them back. (pensioner)*

### **Verification of the hypotheses**

Whereas the focus group discussions showed strong signs of relative improvement in the overall health state for pensioners, this was only partly reflected in the quantitative research. While both groups showed a similarly high prevalence of sickness (nearly 70 per cent being often or always sick), the degree of sickness differed in favour of the project group: Only 22 per cent of them described themselves as always sick compared to 37 per cent of the control group. This relatively minor difference in favour of the pensioners must however be seen in the light of the comparability between the project and the control group as described on page 8ff. The slightly better material situation and the younger age of the non-pensioners as a basis for comparison are likely to have influenced the results.

Clear improvements could be observed in the area of health prevention: Apart from the significantly improved nutrition, pensioners also spent more on soap, they had more bedsheets and they showed an overwhelming improvement in their psychosocial wellbeing. On the other hand there was no significant difference between the two groups regarding the number of health care options or the use of medication. The relatively minor signs of a health improvement as a consequence of the pension may be influenced by the fact that the oldest age group was clearly overrepresented in the project group.

Moreover it has to be said that the health situation remains very critical even for older people receiving a pension. This is exacerbated by the fact that the national health care policy for older people has not been implemented.

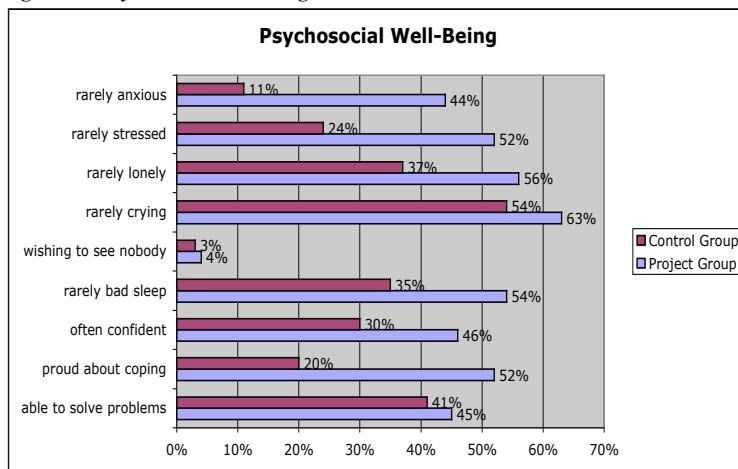
### 3.5 Impact on psychosocial wellbeing

*I hope that what will change is what has been preventing me from sleeping – even when I am doing day labour I worry about everyday expenses. I always worry - ‘yes I have 300 TShs will it be enough to care for my children? How will I care for them with this small money?’ They eat ugali [maize porridge] without any sauce...they sometimes go to bed dirty. So I will get better sleep.*  
 (non-pensioner when asked what change she expected from the pension)

<b>Hypotheses</b>
Main: The regular cash transfers through pensions improve the general health situation as well as the psychosocial wellbeing of older people.
• Cash transfers increase the self-esteem and restore a sense of dignity to older people, especially of those who care for children. They feel less “guilty” that they can’t respond adequately to the needs of the children.
• Cash transfers as a predictable and regular income increase the “locus of control” and therefore the self-confidence in their own capacity to solve at least some of their problems. Older people regain to some extent the capacity to plan and decide on their daily activities and on the future.
• Cash transfers decrease the general level of stress concerning the daily problems of food, health etc.
• Cash transfers decrease isolation.

A set of questions with a comparable scale, inspired by depression scales such as the validated Edinburgh Postnatal Depression Scale<sup>12</sup>, which have successfully been used in African contexts, was assembled with the purpose to measure the degree of psychosocial wellbeing (see methodology below).

**Figure 12: Psychosocial Wellbeing**



On an index covering the whole set of questions – with 100 being the best possible result, the project group reached a mean of 54.9 compared to 43.9 for the control group. This improvement by 25% is statistically significant. ( $p < 0.001$ ).

This clear difference appears even more obvious when a division is made in the middle of the scale (*not or not very often* versus *quite often or most of the time*):

The findings of the psychosocial well-being scale were strongly confirmed by three additional questions that were only asked to carers, the grandmothers or grandfathers with responsibility for orphans:

**Table 8: Special worries of carers**

		Project Group	Control Group
I have been worried that I couldn't offer my grandchildren sufficient food and clothes.	- never or occasionally - quite often or most of the time	48 % 52 %	22 % 78 %
I have been worried that my grandchildren couldn't go to school properly.	- never or occasionally - quite often or most of the time	68 % 32 %	27 % 73 %
There are times when things get on top of me.	- no, not very often - yes, sometimes or very often	82 % 18 %	29 % 71 %

Strong worries about the care situation were indeed expressed throughout the group discussions. Carers feel responsible for their grandchildren and they suffer if they can't meet their needs. Consequently pensioners reported great relief that they could respond to the needs of their grandchildren:

<sup>12</sup> EPDS, Edinburgh Postnatal Depression Scale; Cox, J.L., Holden, J.M., Sagovsky, R. 1987. Detection of postnatal depression: Development of 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150:782-786

- I have suffered concerning these grandchildren. Their father died and their mother died two years later. When I had these children I was always searching for local herbs to give them. No-one gave me soap or gel. Sometimes we didn't eat until late in the night.

- There was no-one to give me soap and the children were defecating everywhere. I was doing day labour to get food and soap. I thought of stealing. I worked for other people. I thank this man [from KwaWazee] who supported me. But I still need food.

Non-pensioners frequently mentioned that they expected the pension to bring relief from anxieties:

- When we get money the difficulties we have will finish. I will buy soap and salt. We don't drink alcohol but I will buy basic things like sugar. It will reduce my anxieties

- We will be happy to sleep because our feelings will be reduced.

- If it gets to night time I will take some money and send them [grandchildren] to buy kerosene instead of begging from the neighbours. They will notice the change from begging to buying yourself.

#### Methodology: psychosocial wellbeing scale for older people

As opposed to Depression Scales like the EPDS, which have been validated in the African context, this psychosocial wellbeing scale only forms an attempt to develop a quantitative tool for measuring the psychosocial wellbeing of a sociocultural group about whom very little research has been done so far. The already voluminous questionnaire didn't allow more than just a relatively small number of questions, which moreover were focussed more on psychological than social issues.

Different aspects of the psychological wellbeing were tested with 9 variables. Each of the variables could obtain values from 1 (for maximal wellbeing) to 4 (for minimal wellbeing). The sum of the nine variables (S9V) therefore lies between 9 (maximal wellbeing) and 36 (minimal wellbeing).

The Wellbeing Index (IWB) results from the formula:  $IWB = 100 - 100 * (S9V-9)/27$

The IWB has to lie between 0 and 100 (for maximal wellbeing), with a linear rise in between: With an average S9V of 22.5, for example, the IWB is 50.

$$S9V=9 \Rightarrow IWB = 100 - 100 * (9-9)/27 = 100 - 0 = 100$$

$$S9V=36 \Rightarrow IWB = 100 - 100 * (36-9)/27 = 100 - 100 = 0$$

$$S9V=22.5 \Rightarrow IWB = 100 - 100 * (22.5-9)/27 = 100 - 50 = 50$$

**Set of questions:** If you think of the last 12 months.

Which would be most true for you: Yes, most of the time / yes, quite often / not very often; / no, not at all

1. I have been anxious or worried about the future
2. I have felt stressed in certain situations
3. I have felt fine and confident
4. I have felt lonely, with nobody to support me
5. I have felt like not wanting to see anybody
6. I had difficulty with sleeping
7. I have been so unhappy, that I have been crying
8. I have felt proud about how I am coping with my situation
9. If there is a problem, I find a way out myself

Similar questions were asked only to carers. They were not included in the scale

- I have been worried that I couldn't offer my grandchildren sufficient food and clothes
- I have been worried that my grandchildren couldn't go to school properly
- Living together with my grandchildren has been difficult
- There are times when things get on top of me

A number of indications suggest that the scale might be a tool worthy of further development:

- Most of the questions were developed from the feedback in various group discussions with the PSS groups over the last year and therefore seem to be meaningful and relevant to them.

- The interviewees were able to cope with scaling questions. To facilitate their answers, the scaling was visualized: Older people were asked to choose one of four pictures for every question. Those pictures with no or just a few dark spots meant 'not often' or 'not very often', the pictures with plenty of dark spots indicated 'quite often' or 'most of the time'.

- The majority of those interviewed used the whole range of scaling options and generally the answers appeared consistent despite the fact that the answering pattern changed twice during the set of questions.

- The answers consistently showed better – and in most cases statistically significant – results for the project group for all the questions with one exception: When asked whether they (sometimes) felt like not wanting to see anybody, both groups agreed almost identically (95% to 96%) that this hardly ever occurred. This was obviously an inappropriate question giving rise to stereotype answers, but at the same time another indication that the scaling had been understood.

All questions and all answers can be found in Annexes 3 and 4

### Reduction of Stress and anxiety

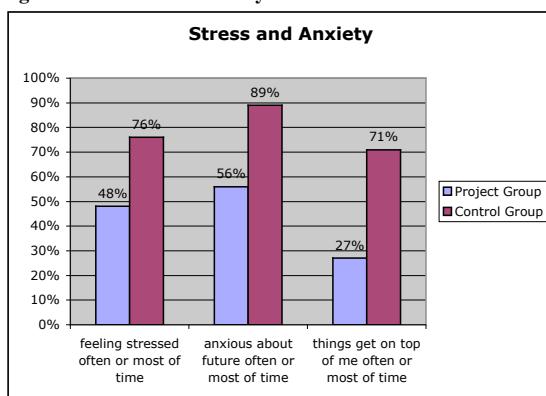
As the findings on the livelihood situation and on nutrition and health situation demonstrate, older people reached by KwaWazee, find themselves below the basic needs poverty line or below the food poverty line. The interviews, group-discussions and the results of the intra-household survey all confirmed the following:

- a) that the pensions form by far the biggest part of all the cash available in the household.
- b) that most of the expenses from the pensions are – or for the control group will be – spent on food, clothes and basic needs such as kerosene, firewood, soap and salt.

It is therefore not surprising, that the general level of stress is considerably reduced for those who get a pension: 76% of the control group quite often or always feel stressed compared to only 48% of the pensioners ( $p < 0.008$ ). Even stronger was the difference with regard to whether older people were anxious about the future. 89% of the control group expressed very frequent fears, compared to 56% in the project group ( $p < 0.000$ ). Permanent prevalence of stress and scarcity also have consequences on how they felt about being carers:

71% of the project group reported that things got on top of them frequently, compared to 27% of the pensioners ( $p < 0.004$ ).

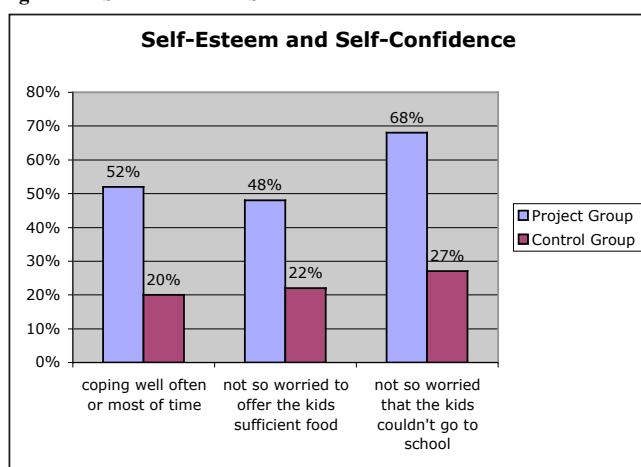
**Figure 14: Stress and anxiety**



### Increase in Self-esteem

Being able to care for your grandchildren, not having to beg any more and to have more reciprocity in relations with family, neighbours and friends were taken as indicators of self-esteem and self-confidence.

**Figure 13: Self-esteem and Self-confidence**



In the survey the increased self-esteem most obviously manifested itself in the question in which older people were asked about how they felt they were coping. Whereas in the project group 52% maintained they were coping well often or most of the time, only 20% of the control group felt they were coping well ( $p < 0.004$ ).

For carers the difference was comparably strong, when they were asked about their worries: 48% of the project group compared to 22% were not or only occasionally worried about offering their grandchildren sufficient food and clothes. ( $p < 0.019$ ) Moreover, only 27% of the control group were not worried that their grandchildren couldn't go to school compared to 68% of the

project group ( $p < 0.008$ ). The carers were also asked how much they felt their commitment was appreciated in the family, neighbourhood and community. It was assumed that improved self-esteem might also lead to a different interpretation of how they are perceived in their environment. This was not confirmed. Over the three questions between 75% to 86 % started a high appreciation of themselves by others as carers with only a slight and insignificant higher value for the project group.

The ability to purchase more soap or body gel also featured in discussions as another essential aspect of wellbeing and self-esteem for older people as well as for their grandchildren. Soap not only stands for hygiene

and cleanliness but also appearance and how people are perceived by those around them.

*You can buy soap and you don't smell so much.*

*He (the uncle) doesn't even bring some soap.*

*They (the grandchildren) would tell me how happy they are to go to school in clean clothes.*

*I will also buy soap and gel [for the skin]. I will wash myself. ... my family will be washing their clothes.*

(non-pensioners in answer to the question on expected changes with the pension)

Pension households use significantly more soap (+24%) than non-pension households and satisfy more of their need for soap than non pension households.

### **Better control over their lives and the future**

More cash to spend and in particular the fact that the pension comes as a regular income not only reduces uncertainty, anxiety about the future and general stress, it also gives older people more control over their lives and - at least to some extent - allows them to plan.

*When I get the pension I always first pay my debts. It's possible now to get credit in the shop as they know that I will pay later. (pensioner)*

When asked whether they would prefer one bigger sum to regular smaller sums, pensioners agreed that:

*We like to get the money small small amounts. Because if you can use all the amount in one month that means the remaining months you would experience problems. But if you get small small money you know that at least you can keep expecting that and in the next month you'll get again. But if you get all at once, you can just finish all in one month.*

*If you get small amount you can budget for example to buy clothes for one grandchild this month and the next month for another.*

*We normally have our discussions in the kitchen while we are cooking. I would suggest that we should buy this and this with the pension. Then a child would show me her uniform that is torn. In turn they all accompany me to collect the pension and we would then get our things. (pensioner)*

The fact that the income is regular and predictable makes it possible to plan, to budget, and in some cases even to invest and think about the future. Writing of wills, for example, has become an important issue for the grandmothers in the PSS-groups.

One of the strongest observations made by the enumerators was that older people in the control group had much more difficulty answering questions related to the future.

### **Decreased isolation**

The majority of older people in the Nshamba area live in scattered houses which are usually surrounded by a small plantation, mostly of banana-trees. If there are none or just few contacts with their remaining family or if they are losing their strength, they face the risk of becoming increasingly isolated. This risk is considerably increased by poverty: weak social position, no or only a few possibilities for reciprocal contacts, no means to go to shops, and low self-esteem which is aggravated by insufficient hygiene.

In this context the proportionally substantial extra cash they get with the pension must reduce their risk of isolation and increase the number of social contacts. As it had not been a main issue in the discussions the evidence is not strong, but the numerous statements in the focus groups about a strengthened reciprocity seem to be a reasonable indication for an improved integration into social networks (see chapter 3.6).

One question in the psychosocial part of the survey was pointed at their perception of loneliness: *Have you felt lonely with nobody to support you?* In line with most of the other answers there was a significant difference: 63% of the control group felt lonely quite often or most of the time compared to 44% of the project group ( $p < 0.026$ )

### **Verification of the hypotheses**

*The hypotheses are strongly confirmed by the study: Older people who received a pension were significantly less anxious about the future, they were less often stressed, they felt less lonely and they had less difficulties with sleeping. At the same time they felt more confident and were more self-assured about how they were coping. Those older people who were main carers were significantly less worried about covering the needs of their grandchildren. The regular source of income through the pensions strengthened the self-sufficiency of the older people and their capacity to plan, giving them more control over their lives. Greater self-esteem, more self-confidence, a stronger future-orientation and less daily stress and anxiety were other obvious effects.*

### 3.6 Impact on Social Relationships

*It is better to be exchanging. It seems to improve the relationship and communication among neighbours. For example if you go to a neighbour and she has supported you, maybe another day she is coming to you and you are able to support her. It brings a good relationship. If you are always going to ask it doesn't make you feel good. (pensioner)*

#### Hypotheses

- Cash transfers contribute to the improvement of the relationship between older people and their grandchildren. The older people are in a position to satisfy more of the expectations of the grandchildren (clothes, shoes, school materials) and become therefore (more) respected.
- Cash transfers strengthen the position of older people within the extended family and possibly within their neighbourhood and community. They are more likely to receive presents or to be supported in crisis situations as they themselves are more likely to occasionally contribute (reciprocity-process).

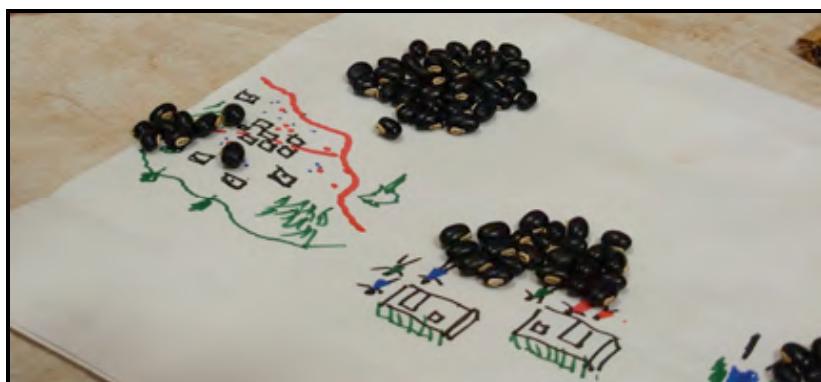
*possible negative impact:*

- Cash transfers produce jealousy and decrease the informal external support by neighbours, family and clan-members. In particular, if these people feel that they should be recipients of cash transfers themselves .

#### Support networks of older people

During focus group discussions older people described the types of support they received from within the household, from the family, from friends and neighbours, and from the wider community. Participants ranked these sources of support individually and as a group by distributing beans across all the four sources to indicate the degree of support.

- In general the family is perceived to offer the least support, although experiences were mixed and some exceptions existed. There was recognition that many families were too poor themselves to offer much help.
- Neighbours and friends were seen to offer a range of support, sometimes more than the extended family, and this included moral as well as material support. Pensioners ranked neighbours above family in terms of support while non pensioners ranked family very slightly above neighbours. Reciprocity with neighbours had increased in pension households.
- In non pension households, most support came from grandchildren within the household. Support from children is especially strong in households where there is day labour since the children are left behind to perform the household tasks.
- In pension households, most support by a long distance was perceived to stem from the community, specifically from KwaWazee.



A large pile of beans was placed on the picture representing the community. When asked to explain this, only a few beans were identified as support from church or similar sources, while the rest indicated support from KwaWazee.

### **Relations between older people and their grandchildren**

There are clear indications of positive impact on relationships between older carers and their grandchildren in pension households. All carers expressed great concern about meeting the needs of their grandchildren and either confirmed or expected that the pension would make a difference to their children's wellbeing and happiness.

*I was caring for four grandchildren. When the organisation started supporting me I gave thanks because I had nothing to offer them – no food or money to buy clothes. They lacked uniforms and even shoes. (pensioner)*

*Sometimes they [grandchildren] are sad but when you recognise this and you can comfort them by telling them there will be enough food to eat. (pensioner)*

*Despite the fact that my grandchildren are very young when I get something to give them they just become happier. Last time I ...bought food and fish for them and they were very happy (non-pensioner)*

*...[when I get the pension] my grandchild will always be happy because the meal will be delicious and she will have the energy to work (non-pensioner)*

The ability to provide the children with food, clothes, soap and body gel is seen by older people in both groups to improve the general sense of wellbeing and harmony within the household. Older people expressed great pleasure when the children were able to go to school clean and with good clothes and to concentrate in class. They expressed satisfaction in being able to prepare good food for them, which in turn motivated the children to perform household chores more readily.

*I am always happy when my grandchildren come home from school. They eat the food I have prepared for them and then go and fetch firewood and water. I am very happy when they do this, then I will prepare food again. This is better than them staying and doing nothing. (non-pensioner)*

### **Reciprocal arrangements**

Evidence from focus group discussions demonstrated that the pension made a real difference to the ability of older people to engage in reciprocity processes with neighbours and friends. This increased their contacts within their neighbourhood and enhanced their sense of self worth.

*Now if I want to go somewhere I can ask my neighbour. Now they agree because they know I have something and can give something back to them. Before they wouldn't agree to help me because I had nothing. (pensioner)*

*If someone has no salt I can give to them. Before the pension we couldn't do this – we had nothing (pensioner)*

*We support each other, for example if there is no kerosene we share. Before the pension we couldn't do this – we had nothing. (pensioner)*

Several older people spoke proudly of the change from a one-way begging situation to a more balanced reciprocal relationship.

*Before the pension we could also go and ask for kerosene. Now it has changed because we are getting something. These days it is like exchanging we support them and they support us. (pensioner)*

*It is better to be exchanging. It seems to improve the relationship and communication among neighbours. For example if you go to a neighbour and she has supported you, maybe another day she is coming to you and you are able to support her. It brings a good relationship. If you are always going to ask it doesn't make you feel good. (pensioner)*

Even the control group participants recognised the potential of the pension to transform their social relationships:

*Sometimes we feel shy to ask for support but now we will sometimes ask each other. We hope our love for each other will increase. Actually rich and poor will never be friends – someone who is rich is not your friend. So when you have a little, some people will love you but when you have nothing no-one will love you. (non-pensioner)*

*If I have money and it is night time I'll take some money and send them [grandchildren] to buy kerosene instead of begging from my neighbours. They'll notice the change from begging to buying myself. (non-pensioner)*

A number of questions in the survey tried to find out who older people would get most support from and whether a change could be observed for pensioners. The results however didn't show any clear trends with maybe the exception that the support by the clan is consistently perceived as minimal.

**Table 9: Support network**

	they provided material support in the last month		they helped a lot the last time when there was a problem		they would help in the future, if there was a problem	
	Project	Control	Project	Control	Project	Control
family	46%	54%	48%	40%	51%	33%
neighbours	50%	56%	37%	33%	24%	28%
friends	52%	46%	34%	30%	19%	33%
clan	19%	20%	18%	4%	8%	4%

### **Status of older people and their grandchildren in the community**

While neighbours and friends are more willing to engage with older people who have the ability to contribute and take part in reciprocal exchanges, evidence from key informants and older people themselves indicates that the general status of older people within the wider community remains rather low. One reason for this is the lack of awareness regarding the situation of older people in general and of the objectives of the pension scheme in particular.

Several of our key informants were aware of the vulnerability of older people and of their care role but did not embrace older people within the services they provided:

*It is well known that older people are exempted by the government [from paying for health treatment] – it is a common issue. But if you have no money the policy won't work. Regardless of the policy you won't get anything, although the drugs are there. (doctor in local health centre)*

*Older people have poor economic status. We see older people looking for treatment and they look poor. They don't come very much [to the health centre] because they know they have to pay. They often leave without medicine because they cannot pay. (manager of non-government dispensary)*

*It is a good idea to support the grannies. But our experience at the beginning we thought of giving cash for example for treatment. But then we feared that the grandparent was drunk or negligent and they could spend the money on alcohol. (co-ordinator of faith based orphan support service)*

Older people themselves felt unsupported and left out of other services that were on offer within their communities.

*The government doesn't support us. They brought maize but only gave it to those who have something (pensioner)*

*We get nothing from the church – it is us that gives to them when we offer prayers for others (pensioner).*

*We are not getting anything from other organisations that provide school uniforms. Our village leaders aren't giving us enough directives. Sometimes we see people being called for this and that, but we are not being called. Those who are called are friends of the chairman (non-pensioner).*

*Sometimes you can't even know who is going to get something because they make it so confidential. Based on friendship, they say this one can go or that one can go. ...we saw houses being built but we never knew the criteria for this (non-pensioner).*

### **Reduction of support**

Although older people receiving the pension are often afraid of causing jealousy and are fearful of broadcasting their income, reports by older people of negative consequences were greatly outweighed by reported positive effects on social relations and general wellbeing.

Jealousy is a strong reason for the pensioners to be cautious as it can lead to withdrawal of support from neighbours.

*We are sometimes safe because not many people know that we are coming here. We keep it a secret.*

*There are a lot who feel jealous. They say 'You are blessed.' It hurts to hear it but we ignore it because it is nothing.*

*When they hear me pounding cassava people tend to say 'This one is succeeding' They say that we get salaries and the support is less.*

*We used to tap water from the iron roofs of our neighbour's house but now we don't think this will continue. When we put our containers there, they will tip them over. I experienced this and that's why I stopped. There were several buckets there and mine was empty. So I bought a big bucket and my grandchildren come from school and they know they have to fetch water.*

*Some people say we boast about ourselves but this isn't true.*

*This misunderstanding comes from other sources. Before we got the pension we sent our grandchildren for day labour and they mistreated them. Now we get the pension we cannot send our grandchildren to suffer anymore. That's why they are not happy with us.*

We also recorded one case of a woman who was turned out of her house by her son because she refused to hand over her pension money to him.

This negative impact was not universal and when discussing it, older people appeared to accept this as a minor price to pay given the benefits in other areas.

*Our relationship [with neighbours] is not much worse. It's this way. But we can see to some extent that this has changed a bit. They will not say they hate us directly but you can see. And even in the shops there are people who trust us now. Even if we have no money now, we can pay later.*

*I still have a neighbour who loves me and still gives me food. Although I am getting the pension I am not all that much better.*

*Not all children have bad habits. I have three grandchildren and I show them the money. We discuss together what we should spend and sometimes we keep some money. And we know when the money is finished.*

### **Verification of the hypotheses**

The findings of the study confirmed improved social relationships for pension-receivers. Most prominently this was reported in households where older people cared for grandchildren: Increased ability to cover the needs of their grandchildren not only eased many worries but improved the relationship between the generations „*The children will love me when I get them something nice to eat*“ . More reciprocity due to the pensions was the biggest improvement reported in the social relationships with neighbours and family. This clearly outweighed those cases where support decreased due to the extra income.

Little can be said however about a changed status of older people in the community due to the pensions. Support by the clan or by the community was consistently judged minimal by both, pensioners and non-pensioners. A few interviews with community members however showed how limited the knowledge about the programme was at the time of the survey.

### 3.7 Pensions for Carers and Non-Carers

*Yes, I am very happy to have my grandchildren. There are difficulties but I get support to buy soap and the grandchildren support me in collecting water and firewood. Before it was hard to get enough food for them and even shoes and uniforms. (pensioner)*

Initially older people who were main carers for grandchildren were prioritized in the selection process. Their percentage among all of the pensioners gradually reduced over the past years and reached 44% in December 2007 (Table 10). This is partly a consequence of a good coverage of caregiving older people by the Pension Fund, but it also reflects the experience within KwaWazee that older people living alone or older people living with widows are often as much vulnerable as caregivers.

**Table 10: Profile of pensioners December 2007**

Stats Dec 2007	Total	Percentage Female/male	number of pens. without childcare	number of pensioners with childcare	Percent of pensioners with childcare	number of children
Female pensioners	535	90.2%	295	240	45%	468
Male pensioners	58	9.8%	37	21	36%	35
Total	593	100%	332	261	44%	503

#### The situation of non carers

Older people have been in the focus of cash transfer schemes in Sub Saharan Africa largely due to their role as carers. However the study revealed some indications that non-carers are in some respects rather worse off than carers. Household data from the questionnaire reinforced this impression. Due to the smaller sample the following findings can be regarded as indications. Further research on this theme will be needed.

Of the survey participants, carers tended to be older than non-carers and were slightly better off in relation to some livelihood indicators. A little less than half (42%) of carers were over 75 years of age compared to only 25% of non carers.

Carers were more likely to own their house (78% compared to 56% of non-carers) and land (67% compared to 60% of non-carers). More carers cultivated cash crops: 67% of carers owned coffee plants compared to 52% of non-carers. Although there was no significant difference in terms of income, carers were more likely to own a goat or chicken and to have some savings. 74% of carers were members of funeral associations compared to 45% of non-carers.

With regard to living arrangements, as many as one third of non-carers in the study lived alone while most of the rest lived with younger widows. The most common household constellation of non-carers was to live with widowed daughters and widowed daughters-in-law who were often single mothers. Given that inheritance laws relating to widows remain poorly enforced especially in rural communities, these female headed households are likely to be especially vulnerable.

About 30% of the non carers in this survey were living alone. In contrast to the mutual interdependency described within carer households, these non carers expressed a greater sense of loneliness:

*Sometimes I am alone in the house. I have no-one to support me, like with cooking. So sometimes I cannot eat when I am alone (male pensioner).*

*When your relatives have all died, even if you cook delicious food you cannot eat it. You can get loss of appetite and heart problems (pensioner).*

*If they leave the grandchildren with me I would be happy to stay with them. Sometimes they support us. Even if they behave badly that is not all of them - there are some who support you (non-pensioner).*

*It is better to have grandchildren. Eating alone is not good (non-pensioner).*

#### Impact of pensions on the care situation

Some of the study findings outlined in previous chapters demonstrate the impact of the pension income on older carers and their grandchildren. Additional information concerning aspects of the care role and relationships between older people and their grandchildren was gathered through a number of focus group discussions and case studies. The scope of this study did not allow for assessment of the care role with regard to children of different ages.

### General situation of care giving

- The pension income increases carers' capacity to provide for material needs of their grandchildren and reduces anxiety about their ability to cope.
- This can have a positive impact on the relationship between grannies and children by creating space for harmony within the household.
- The study did not confirm that the care role is wholly associated with stresses for older people who readily acknowledged the contributions of their grandchildren such as help with household work and companionship. Rather, the study confirmed a high degree of mutual interdependence between carers and children. (see also Annex 7) The experience of this study indicates that older people without grandchildren are in some respects worse off and they should not be overlooked in cash transfer schemes.
- Older men who assume sole responsibility for children were rare in this study but findings indicate they face particular difficulties, including weak support networks, which need further exploration (see page 39).

*As for the grandchildren: What I can cook is what they eat. When I get this little money I buy some more food, like rice. When I collect the pension I always make a nice meal. I could also buy a bed sheet for the children for TSh. 4,000....So I feel happy and I thank God for what he has done to me that I now have the capacity to care for them. But when I die, they will end up anywhere. I have nobody to give them to. (pensioner)*

### Profile of carers in the study

Just less than half of all KwaWazee pensioners are 'carers' and receive an additional allowance of TSh 3,000 for each grandchild for whom they are the sole provider. Pensioners who live with their grandchildren and other adults who provide support are not defined as carers.

Slightly over half of the questionnaire respondents (58) were main carers with an equal number from the project and control groups. A section of the questionnaire was targeted at carers and focused on their experiences, challenges and perceived appreciation from others for their care role. Five of the nine focus groups were composed of carers and addressed themes of the care situation and social support systems.



Aspects of living arrangements of questionnaire respondents are outlined in the table below. The 58 carers look after a total of 119 grandchildren. Of these, 35% looked after one child, 40% looked after two children and 25% cared for three or more children and one grannie cared for five children.

Most of non-carers were living in a household with other adults and grandchildren. However a high proportion (35% of non-carers) were living alone.

The overview also illustrates the context of high adult death rates and the paucity of support that older carers can expect from their own children. Carers and non-carers combined have an average of 6.22 children of their own, of whom 3.48 were still alive and 0.88 could be asked for help.

**Table 11: Number of adults and children living in the household**

group	OP	grand children	other adults	total persons living in HH	average of persons in HH	OP living alone		group	total of biol. children	total of biol. children alive	total of biol. children who could support
Project non carers	25	11	20	56	2.24	9		Project non carers	134	61	21
Control non carers	25	21	20	66	2.64	9		Control non carers	100	59	12
Project carers	29	63	17	109	3.76	-		Project carers	211	110	33
Control carers	29	56	17	102	3.52	-		Control carers	227	146	29
<b>Project total</b>	<b>54</b>			<b>165</b>	<b>3.05</b>			<b>Project total</b>	<b>345</b>	<b>171</b>	<b>54</b>
<b>Control total</b>	<b>54</b>			<b>168</b>	<b>3.11</b>			<b>Control total</b>	<b>327</b>	<b>205</b>	<b>41</b>
total	108							Ø per older person	672	376	95
									6.22	3.48	0.88

### **Becoming a carer**

The pathways of the care role for older people were characteristically unpredictable. Our focus groups and case studies confirmed that it is not uncommon for a grandmother to receive grandchildren from more than one of their own children at different times over a period of several years. Sometimes these children arrive with the surviving parent, especially if that parent is a daughter. In other cases, surviving parents may find they have no option other than to leave their children with parents or parents-in-law and go away. Most of the carers in this study were older women and widows, and as could be expected, only a fraction were widowers.

During the study we encountered older women who had been 'given' children in order to help in the house and provide company. These were generally reciprocal arrangements planned in advance by the families concerned. However, the vast majority of carers had care histories that began and often continued in an unplanned way, without accompanying support, as the following stories illustrate.

*The boy, I took him into my house when he was 3 years old. They brought him because the marriage of my son and his wife had fallen apart..... I have not seen my son until they brought his coat and trousers to tell me he had died in the river. The son is 16 now, in Standard 3, so he is behind. I haven't seen the mother, she was not from here....The other two grandchildren were just left with me with no notice. When I arrived at home there was a crowd, who said she had left these children saying they were near home..... That's 7 months ago. They are both girls, 3 and 4 years old. (pensioner)*

*I care for four grandchildren. Two grandchildren have no mother or father and the other two, their father has died. (pensioner)*

*I have four grandchildren with me, all from my son who died. I don't remember when I started caring for these children.*

*I care for two children. One is a girl twelve years old and I'm also caring for another girl of the same age. ...One child is the daughter of my niece who disappeared. The other child I received from my friend to stay with me after my husband died.*

Participants of focus groups estimated that they had been looking after children for between one and ten years.

### **Relationships and household dynamics**

It is clear from older people's accounts of their situation that there is a high degree of mutual interdependence in split generation households. While grannies described great anxiety related to providing for children's material needs, they also recognised their own dependence on these children for services and a sense of emotional well being.

Carers expect and generally receive help with house work from the children they look after:

*The three children I live with fetch water and wash clothes. I send them to ask a neighbour if I have problems.*

*These three children are supporting me and my mother who is also with me.*

*I have a child who is in Form five. My other grandchild is in nursery school. They collect water and firewood. The older child is helping me.*

Grandchildren also bring much valued emotional comfort and companionship:

*I had eight children who all died. I have two grandchildren, one in standard three and the other in standard one. They fetch water for me and firewood but they are still very young....I prepare lunch for them to go to school. They also comfort me because we talk and laugh in the house. If it weren't for them, maybe I would go mad if I were alone. (pensioner)*

*I like it when my grandchild gets up in the morning when I call them to school. That makes me prepare food for them when they are coming home from school. (non-pensioner)*

*I am always happy when my grandchildren come home from school. They eat the food I have prepared and then go to fetch firewood and water. I am very happy when they do this and then I will prepare food again. This is better than them staying doing nothing. (non-pensioner)*

The emotional and material wellbeing of the children is a source of both anxiety and joy for grandparents. Pension income is clearly expected to impact on this situation, enabling older people to express love for their children through fulfilling some of their material needs - above all, food.

### Hypothesis

- Cash transfers contribute to the improvement of the relationship between older people and their grandchildren. Older people are in a position to satisfy more of the expectations of the grandchildren (clothes, shoes, school material) and become therefore (more) respected. to school more regularly, with less harassment due to poverty and therefore result in a better school performance.

Pensioners reported the following changes since receiving the pension:

*There was no one to give me soap and the children were defecating everywhere. I was doing day labour. I thought of stealing. ... I cared for these two children and they are now in school. (pensioner)*

*I have suffered concerning the children. I was always searching for local herbs to give my children. No one gave me soap or gel. Sometimes we got dinner in the night. (pensioner)*

*I was caring for four grandchildren. When the organization started supporting me I gave thanks because I had nothing to offer them – no food or money to buy clothes. They lacked uniforms and even shoes. (pensioner)*

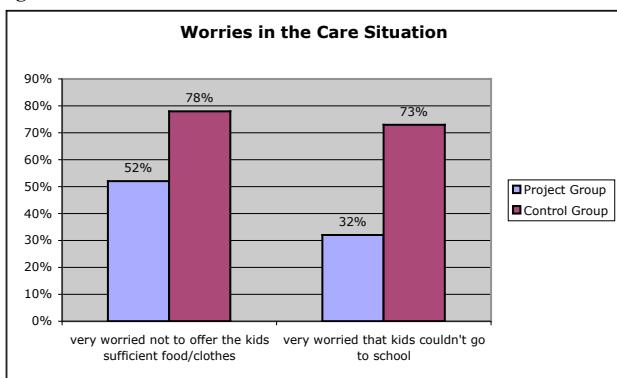
*When all the debts are paid I can buy bread and I can see they love me very much. So when I don't have money they are very sad. (pensioner)*

A carer who did not yet receive the pension had the following expectation:

*I will be very very happy as I will have money to buy flour. My children were coming hungry from school if I didn't have energy to work for food. I will also buy shoes for the children, soap, exercise book and pen. I can maybe also buy meat and make my children happy. (non-pensioner)*

Findings from the survey revealed that carers receiving a pension worry significantly less than the other carers about their ability to provide food for their grandchildren and to send them to school.

**Figure 15: Worries in the care situation**



When asked about the difficulties of bringing up their grandchildren, older people focused on their struggle to provide food, soap, clothes and school materials.

When the issue of conflict within the household was raised with one focus group, older people agreed that they sometimes got angry and beat the children. Reflecting findings of the children's study (see section 4.2) quarrels occurred over housework and unmet expectations on both sides.

*If I ask for firewood and the grandchild doesn't get it I tell him "When I get food I will not share it with you.*

*When he or she does not do what is required we beat them.*

*If the grandson steals something from the house...we get angry, we beat the child.*

*If the grandchild isn't happy with the food they can be angry.*

*When she has no shoes or no clothes like her friends she feels bad and without confidence that her grandmother is not in a position to do that.*

In comparison to other relatives, carers felt that grandparents were more natural guardians because there were fewer conflicts of interest over property, but recognised that they could have problems with discipline.

*Some children, when their parents provoke them, they will say "We'll go to our grandparents". The children are not afraid of the grandparents because they don't really beat them.*

*They are closer to us....when a grandchild is born they see the grandmother close to their parents and so even on the death of their parents they know they have to come to me.*

*I am old, but still I take care. It's the same chain – if I took care of my children I must also take care of the grandchildren.*

With regard to other relatives and clan members, older carers expressed a lack of trust in their attitude towards the grandchildren:

*They are not their biological children so they see the difference. The uncle and aunt will say "Even though I suffer for this child, he will not support me in future."*

*We wonder about other clan members. They treat the grandchildren as if they want to take their wealth. We want to keep the grandchildren to maintain the home and look after the farm. The others want to cheat the grandchildren and take their property but we grandparents stand up for this. ..An uncle would not even bring a soap for these children. If it were not for grandparents the grandchildren would have disappeared.*

Carers expressed an overwhelming expectation that their efforts to bring up their grandchildren would be reciprocated by support in future:

*... I don't care for them freely. I think when they are in school and pass exams and get a job, when I am not alive he will support himself, but if I am alive he will support me.*

*You cannot understand what the children will think in future...At this moment we are living nicely so I am expecting in future they will continue supporting me but I am not sure.*

*I think they cannot just leave us as we are like their base...You can have biological children but when they get married they can change...We always tell them that in future you support us as we are supporting you.*

### **Male carers**

Respondents of the survey included 15 men (13.9%), of whom 9 were carers. Of the seven older men who participated in focus group discussions and in one case study, two were caring for grandchildren. A further two, having remarried, were bringing up their own young infants. Table 10 on page 35 shows the numbers of all male pensioners and carers at the time of this study.

Although the sample of male carers was small and findings therefore inconclusive, qualitative information indicated that male carers face particular problems that are worthy of further investigation. Both of the two carers were bringing up the children of deceased sons whose wives had either died or left the home. One was the sole carer of a six year old grandson, while the other along with his wife cared for three grandchildren aged between nine and fourteen years. The situation for widowers appeared particularly hard due to the loss of support within the home as well as the necessity of earning a living.

*My child died and left a grandchild who is now 6 years old. My son's wife also died....Anyone who has a child knows it is always a burden because you start from washing, giving them clothes, getting them to school, smearing them with vaseline. Maybe you leave them with neighbours when you go to work but this is a problem. You can be knocked by a car when you are child. If the neighbour has no food they cannot take care of them..I still work selling – I push the bicycle but my hands hurt and I don't see properly so I don't know how long I can continue. I'm forced to do this for my grandchild.*

Male carers may carry additional psychological stresses by failing to conform to social norms that discourage men from undertaking certain household tasks that are regarded as the domain of women. Pride and self esteem are at risk if they are seen to fail to provide sufficiently well for the family. In general social networks among men may be less equipped to support the carers. While all older carers are highly vulnerable, the study indicates that a more nuanced gender approach to the care situation would be valuable.

### **Do the children really gain from the child-benefits, which are given to their older caregivers?**

Fears are sometimes expressed that child allowances may be used for purposes other than for the good of the children, such as to buy alcohol.

Representatives of non-governmental organisations working with orphans and vulnerable children cited examples of neglect of orphans by their older carers, suggesting that grandchildren are not always the beneficiaries. However discussions with Kwa Wazee staff and the various focus groups gave no indication that such abuses were taking place. On the contrary, older carers expressed their great commitment to their grandchildren's welfare convincingly. Some comments cited in previous chapters show how relieved grandmothers feel when they are able to satisfy their grandchildren's needs better, whereas figure 15 shows their strong worries about their grandchildren. Others demonstrate their awareness of the reciprocity of relationships in the household: *The children will love me when I bring them fish; They will get water and collect firewood for me if I prepare them a nice meal.*

Another convincing indication that overall the grandchildren are beneficiaries of pensions and child-benefits are the distinct differences expressed by grandchildren of pensioners and non-pensioners in Chapter 4.

### 3.8 Impact on the Education of the Grandchildren

*Mine [grandchild] is in kindergarten. They sent him back from school because he has no shoes. Sometimes they want him to shave his head but I have no money to take him to the hair cutting salon. One day I did what I could with the shoes and uniform but he has no socks. (non pensioner)*

*I care for them. I expect that in future – when God will – maybe one of them will support me. When they pass the exams, have a good status, and I am still alive, he will support me. (pensioner)*

#### Hypothesis

- Cash transfer increase the possibility that grandchildren can go to school more regularly, with less harassment due to poverty and therefore result in a better school performance.

Apart from the pension, carers also get a child benefit of TSh 3,000 for every child they care for. This means a regular extra cash-injection that makes a difference. The average cash – pensions excluded – which can be spent in a good month in the households of this survey amounts to around TSh. 3,500. Even if we consider an expected understatement of income, it still makes it clear that expenses like TSh. 250 for an exercise book or TSh. 4,000 for a pair of shoes don't fit in most of the household budgets.

Spending on food and on basic needs cover by far the biggest part of the pension expenditure. When the pensioners were asked to state the two single biggest changes with the pensions, food and basics were clearly on top, followed by clothes, and blanket/bedsheets. 7.5% of all carers saw school materials or school uniforms as one of the two biggest changes. (Accordingly 8% of the carers who don't get a pension expect better school chances to be one of the two biggest changes with pensions). More food, better satisfied basic needs like soap and kerosene, better clothes and better sleeping facilities all contribute to improved chances of getting an education.<sup>13</sup>

Throughout the survey with the older persons – and even more so in the survey with the children – there was evidence that children in households with pensions have clearly improved education chances: They are better nourished, they are healthier and they are cleaner. They are less likely to get stigmatized in school for smelling bad, for not having a proper school uniform or shoes, or for not having schoolmaterial like pens or exercise books. Their opportunities for doing homework after dark are also improved.

*The biggest change [for the children] are the meals. When they don't get enough food they can't go to school. Before they go to school they get a bit of tea – so they are fine until they are home from school“(pensioner)*

*[Before the pensions] they had jiggers (sand fleas) in the fingers, I had no-one to give me soap, no-one to give me kerosene. We would live in the dark. (pensioner)*

*He is happy to have exercise books and then go to school. ..they are happy when they are clean and neat and put on school uniforms. (pensioner)*

The concerns expressed by grandmothers in the control group were strongly reflected by a few questions which were only asked to those older people who were carers: A majority - 73% of the non-pensioners express a strong worry (often or most of the time) that their children couldn't go to school, compared to 32% of the pensioners. Despite the small sample number – only the carers were asked – this result is significant:  $p < 0.013$ . (See Figure 15 in previous chapter)

Carers in the focus groups often expressed their wish for a good education for their grandchildren. Better opportunities for the children after they leave school could also mean an improved chance for support for the carer. One grandmother expressed her hopes like this:

*I care for them. I expect that in future – when God will – maybe one of them will support me. When they pass the exams, have a good status, and I am still alive, he will support me.*

<sup>13</sup> A recent study from REPOA (Valerie Leach, 2007, "Can a developing country support the welfare needs of children affected by AIDS? A perspective from Tanzania") concludes that the chances for HIV and AIDS orphans to get a proper education are not generally diminished as the prevalence of HIV and AIDS appears to be higher within the economically better parts of the population and higher in urban areas compared to rural areas. However poverty is singled out as the single most important factor for clearly diminished opportunities to get an education.

Questions about school attendance in the questionnaire revealed that, in both groups a majority of the children had gone to school every day over the previous month.

But in the light of the strong concerns and feedback from teachers these results have to be treated with care. A certain reluctance to state (or admit) that the children didn't go to school can be expected. Despite this limitation a trend for better school attendance in households with pensions can be observed:

**Table 12: School attendance**

school missed last week	Project N: 26	Control N: 26	school missed last month	Project	Control
always in school	69%	54%	always in school	62%	54%
missed one day	8%	15%	missed one day	15%	5%
missed several days	12%	23%	missed several days	23%	39%
didn't go at all	11%	8%	didn't go at all	8%	4%

There were few answers to the question about why children missed school. The reasons most often given were:

children missed school (several options were possible)	Project	Control
because they were sick	30%	14%
because they were sent home from school	0%	29%
because the carer was sick	4%	25%

Other reasons such as doing work at home or doing daylabour were hardly mentioned. In one focus group a non-pensioner said:

*We have no plot so we work for other people. Sometimes I stop the twins from going to school to work for money. I have only a house and we depend on working for others.*

### **How the school situation of orphans living in older people headed households are perceived by others**

A primary head teacher expressed the view that there was not a big difference in attendance between orphans and others in this school, but more orphaned children would miss going to secondary school because they had no-one to pay school fees. He gave an example of one primary school boy who missed school to use some of his grannie's pension money for petty trading. He noticed a difference in appearance especially in lower forms – orphans look dirtier because grannies cannot afford soap, have poor clothes and are more likely to have jiggers (sand fleas) because the grannies cannot see well enough to remove them.

A secondary teacher also stated that orphans living with older people could easily be identified from their appearance. School-attendance of orphans in general was not so good compared to those with both parents – many were doing day labour to buy pens and notebooks. Like other children, orphans' performance varies, some may not perform well but others have a good IQ and perform well. Children who are living with grannies are more likely to not do their homework because they lack kerosene. If the grandparents become sick or are disabled they may stay at home to look after them.

A coordinator for a non-governmental organisation working with orphans mainly saw negative implications for children living in households headed by older people, arguing that some older people were too weak to make sure their grandchildren went to school.

### **Limitations**

Time constraint meant it was impossible to get any data on school performance and secondary school enrolments to compare with the improvements in education claimed by the older carers and by the children themselves.

### **Verification of the hypothesis**

Although it was not possible to have it confirmed by school-authorities (see above), there was clear evidence in the study with older people – and consistently in the study with children – that pensions allowed children to attend school more often and that children were subject to less harassment due to poverty.

### CASE STUDY 3

*My parents were living in Karagwe but they died. When they died I came here. I was still very young at that time and if I had been blessed to go to school I would have been in standard 3 or 4 (11 or 12 years old). The Arab person brought me from Karagwe and I couldn't realize where I was until I was working in his house.*

*I cannot say that I had a totally happy life. Although I stayed with Arabs and had food to eat and clothes, I couldn't say it was a happy life as I had no relatives and no stability. The reason I came here was because of all that suffering. For us who don't go to school it's a bit difficult to remember – maybe I was 30, a young man not an old man – when I started this on my own. By that time when I left the Arabs I could at least find peace because I had my own place. It was quite a while later that I started feeling ill – my legs began to hurt.*



*On my shamba I grow cassava, cocoa yam, sweet potatoes and seasonal crops like maize, beans and banana plants. I don't sell much. When I'm hard up I always sell premature coffee. In the past when there were good yields I would sell illegally – not to the society – and they would give me TSh 1,500 for a sack. But it wasn't dry. It was mature but not dry. This would be about four years ago.*

*If I will still be alive when I get my pension, the main thing will be to repair my house. So I will repair my house even if my family eats very little from this, so that if I die they will have something left. This is because there is nothing from the government to support us. Even if you go to the dispensary there is no free treatment. You have to beg someone to get some small money for the dispensary.*

*My first priority is my house and some little things for the small child. I will not sell premature coffee from the shamba now. The other things will come later.*

*Male, not yet a pensioner, living with his second wife and two young children (the complete Case Study is in Annex 5)*

## 4 IMPACT OF PENSIONS ON CHILDREN

by Glynis Clacherty

Notes:

- i) Most of the children lived with grandmothers, very few lived only with grandfathers and one or two lived with both grandparents. In the discussions children usually referred to *bibi* (granny).
- ii) Only information relating to the impact study is reflected here. The report titled 'Living with our *Bibi*'<sup>14</sup> gives more detail on the life experience of children living with grannies.

### 4.1 Impact on time usage

#### *Household work*

Children in both the control and project groups did similar household work. They all collected water, collected firewood, washed clothes, washed dishes, cooked, swept the area around the house, weeded and hoed the *shamba* (farm) and looked after farm animals (feeding chickens and goats). A few of the girls looked after little children too.

The children were asked to indicate which work they found hard or difficult. Children in both project and control groups agreed that collecting firewood was a difficult task especially if you had to walk far as the wood could be very heavy. Children in both groups also agreed that cutting grass and weeding was a hard job as it was very tiring especially when it was hot.

There was one difference between the project and control group when discussing the difficulties of household work. Children in the project group said their grannies sometimes had money to pay other people to do weeding in the *shamba* or cut grass, especially if most of the children in the house were young or needed to do school work. But children in the control group (even the young ones) said they did all the household work without help and then also had to do work to earn money too (see below). One or two children in the younger (9-12) control group clearly had a lot of household chores to do. This is a description of the work she does by a little girl of 10.

*After school I collect water, then I cook the food – I cook every evening. Then I wash the utensils and pots. After school somedays I wash the clothes. I also collect food for the chickens and feed them. There is no one helping me, the other children in the house are 1 year and 3 years so it is only me. (Control, girl)*

It is clear that in households where there are only one or two children the children work harder. The difference the pension seemed to make here was that in this case grandmothers would pay someone to help with difficult tasks like collecting firewood and grass or weeding but in houses with no pension grandmothers could not afford to do this so the children carried the complete burden. Of course if their grandmother was sick or very old she could do less so the burden was even heavier for children.

#### *Things we do to help granny*

All of the children (both project and control) included things they did specifically for their grannies in their lists of everyday tasks. These included,

*We take jiggers (sand fleas) out of grannie's feet. We do this because she cannot see them - her eyes are old and she cannot see them. (Project, boy, 12)*

*If you leave the jigger's in they make your feet very sore so you must take the jiggers out of grannie's feet. (Control, girl, 10)*

They also cut their granny's finger nails and washed her hair. A few children in both groups also mentioned washing granny's clothes.

Some children in both project and control groups also mentioned that sometimes their grannies are sick and then they have to do even more household work, such as cooking, and also look after their sick granny.

*I fetch water and then after that I cook for her because she is sick. She has problems with her legs. Then I have to go and fetch medicine for her. (Control, boy, 13)*

<sup>14</sup> Living with our *Bibi*; Glynis Clacherty, May 2008; World Vision; (*Bibi* is an affectionate term for grandmother in kiSwahili)

All groups of children agreed that they did not find this work they did especially for their grannies as hard or difficult.

*We put a flower there to say we like to do this work because we love our grannies. (Project, girl, 11)*

#### *Earning work*

The following table shows the work children in the Project and Control group did to earn money in a week.

**Table 13: Work to earn money**

Work to earn money	Project	Control
Fetching water for money	8	12
Cutting and selling grass	7	7
Working in a neighbour's shamba for money	6	5
Fetching firewood	4	6
Taking care of neighbour's child		1
Cooking for a neighbour for money		1
Taking bananas to market to earn money		1
Looking after cattle		3
Total	25	36

When looking at the above it is important to keep in mind the discussion we had with the children about work to earn money. The children were asked whether granny told them to work or if they chose to work, what they did with the money they earned and if the money was their money or granny's money.

Here there were big differences between the Project and Control groups. The children in the Project group said they often chose to do the work if they had time free, they used the money for extras at school like stationery or clothes and often the money was their money though they did usually give it to granny to keep.

This information was gathered through an activity where children had drawn pictures of all the different work they did during a week. They were then given a handful of beans and asked to place a bean next to every task they did that they earned money for. One very interesting thing emerged when we did this exercise with the Project group. There were many more beans than we had anticipated, some children even placed beans next to their pictures of school work. So we checked with the children. This is what they said.

*Granny pays us when we have done a good job to say thank you. (Project, girl, 10)*

*My granny gives me money when I have done well at school. (Project, boy, 13)*

When we asked the children to remove the beans that indicated money 'paid' by granny we got a much clearer picture that showed that the Control group were indeed doing more work to earn money than the Project group. This also shows that there is a little spare money in the households that receive a pension, money that can be used to reward children.

The discussions also showed that the nature of the work done by children in the Control group was much more onerous than children in the Project group. Viktor's story below is an example.

#### **Viktor's story**

When Viktor came into the room he looked like the small boy of 8 that he was but as we began to work and talk together about his life we realised that he may be small in stature but that he worked like a man in his family.

He fetched water for money, he collected firewood for money and ran a business taking bananas to market. This involved buying a huge and heavy bunch of bananas from a neighbour (his granny had no shamba of her own to grow bananas) and then pushing the bicycle up and down hills to get to the market where he sold the bananas and then returned home to pay the neighbour his share, keeping the rest to buy food for him and his granny and small sister.

Another clear difference in the area of work was that control group children felt that the work they did was too much for them. A simple scale was used where children were asked to indicate with their hands if the work was too much.

Control group children consistently all indicated that the work was too much whereas most of the project group indicated that it was acceptable with one or two even saying that they did not do very much work at all.

#### *Time for ourselves*

Both project and control group agreed that they needed time for themselves. The activities they identified were playing with friends, reading school lessons, talking and just sitting. Both project and control groups agreed that if they did not get this time for themselves it affected them.

*I feel a bit not okay.*

*I feel angry because it is my right to play.*

*I feel bad.*

*I feel unhappy. (Project .9-12)*

The main difference between project and control was that the project group children felt they had enough time for themselves whereas the control group said they did not get enough time to themselves.

Children in the younger control group when asked when they played with their friends said only at school. They also indicated that they only had time to rest on Sundays.

*We get time to play while at school but not when we are at home. (Control, girl, 10)*

*We get time on Sunday only to play. (Control, boy, 12)*

*Friday and Sunday are special days. Friday because when we go to school they allow us to come back and go to Mosque. Sunday because we don't go to school and it is the day when we get more time to rest from activities (work). (Control, Girl, 9)*

When children were asked to indicate how much time they had to themselves in a week it was clear that the children in the Project group had more time to themselves during the week. The tables from the older groups illustrate this well.

**Table 14: Time to themselves**

Project group The numbers indicate hours to themselves							
Child	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1		1	3		3		4
2		1		2		3	4
3		1		3	1	2	5
4			1		1	3	4
5	2		3		3		5
6						4	4
7	2		3		4	5	5
8		2	1	1		2	5
9	1	3		4		5	7
10					1		4
Total	5	8	11	10	13	24	47

Control group							
Child	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1						2	4
2							4
3						4	3
4	1		1	1			5
5					2	5	6
6				2			4
7			2	2			
8							3
9		1		1		2	5
10		1		2			5
Total	1	2	3	8	2	13	39

## 4.2 Impact on material wellbeing

In the area of material well-being the discussions with the children focussed on food, soap and kerosene for lighting.

### Food

The children were asked if they felt that most often they had enough food i.e. if they were satisfied after eating.

**Table 15: Food satisfaction**

	Would like to have a lot more food	Would like to have a little more food	Do not need any more food
Project 9-12			10
Project 13+		4	6
Control 9-12	5	2	2
Control 13+		4	7

The figures above show a clear difference between project and control group, the children in the project group are more often satisfied after eating.

The discussion with the older control group suggests that even more of them feel they do not get enough to eat. The children were asked if they ever went to ask neighbours for food when they were hungry. The younger children in the control group said yes they did do this. The older ones said that they would not do this as it was shameful for older children to do this.

They went on to have a discussion about the fact that being hungry was something that one just had to accept, there was nothing to be done about it. They had come to accept that there was not any chance of having ‘more food’ so there was no reason to wish for it, hence the choice of ‘not needing any more food’ in the above activity.

- *For us because we are a bit older we see the situation at home and we see that there is no food and then we must be patient. We cope with the situation, but for a young child it is difficult for him or her to say that the situation I am living in is a result of our problem. So the small ones even after we have got something at home still have a chance to go around and get more food. The small ones – we wouldn’t go.*

- How many of you wish you were younger and could go and ask for more food from neighbours?  
(they nod their heads, one child says me – the others look down – very sad). (Control 13+)

Food type was also explored with the children. Children in the control group said their main food was *ugali* (maize meal) a few said they also eat bananas. In the Project group children also identified *ugali* and bananas as a staple but they said they sometimes also got rice.

- What is your favourite food?
- Rice.
- *Kipuzamagesi* (a local name for rice that means the food that makes you crazy because you like it so much)
- When last did you have rice?
- Last month.
- Last Sunday.
- Last Thursday.
- *I got rice on Sunday because Bibi came here (Kwawazee) and got some money.*
- Every month when Bibi gets pension she buys some rice. (Project 13+)

By contrast, none of the control group children could remember the last time they ate rice.

The cheapest source of protein in the area is dried fish, commonly called *dagaa*. Beans are another source of protein. Children were asked how many times they ate *dagaa* in a week.

**Table 16: Protein in a week**

Project	Control
2 times a week on average	None of the children had any regular protein every week

Most of the children in the control group indicated that they had *dagaa* once in a month, once every two weeks or once in three weeks. Eight of the children said they did not eat *dagaa* at all as it was too expensive.

- *We don't have money to buy Dagaa.*
- *We don't (eat dagaa) because we have no money. (Control 9-12)*

Most control group children did not eat beans on a weekly basis either.

#### *Soap*

The children were asked if they ever ran out of soap in a month.

The project group said they often ran out of soap in the last week of the month before the pension payout but the Control group all said they were often without any soap at all in a month.

- *Yesterday even, I washed my feet without soap and they were not clean.*
- *Some months no soap. We even wash our school uniform and clothes without soap. (Control 9-12)*

- *We sometimes have to ask neighbours for soap. Sometimes the neighbour purposefully does not give us, Instead she says the remaining soap is for my kids. Sometimes he or she says they do not have soap but they do.*

- *You really regret when you have to go and ask for soap. It even makes you think of the presence of parents – I wish my parents were here. (Control 13+)*

None of the project group children mentioned asking neighbours for soap or food.

The lack of soap to wash themselves and their uniforms is closely linked to school going (see discussion below).

#### Kerosene

Discussion around having kerosene for lighting (an important thing if children are to do schoolwork at home) showed a difference between project and control groups.

Children in the control group said they were often without kerosene and they had to eat in the dark.

*We don't have a lamp just the small candles from tins. There is not always enough kerosene. Sometimes when the kerosene is finished you just eat in the dark. (Control 9-12)*

- What time do you finish your work?
- *At night.*
- *Sometimes there is no kerosene. (Control 13+)*

*Children do fail at school – it may happen that during the day you are busy with family work and at night when you think of having time to yourself for study, they stop you from that because maybe there is no kerosene. (Control 13+)*

### **4.3 Impact on health**

#### *Body Mass Index*

Height, weight and age data was collected from each child in the project and control groups. Body Mass Index (BMI) (Sciacca, et al 1991) was used to compare the two groups. Because this index provides an indication of relative body composition, it is appropriate for picking up malnutrition caused by unbalanced food intake – e.g. a predominantly carbohydrate diet with little protein intake.

The BMI can show change over one year of improved nutrition so there should be a significant difference between the Project group who had had access to improved nutrition since they had been part of the pension scheme (personal communication).

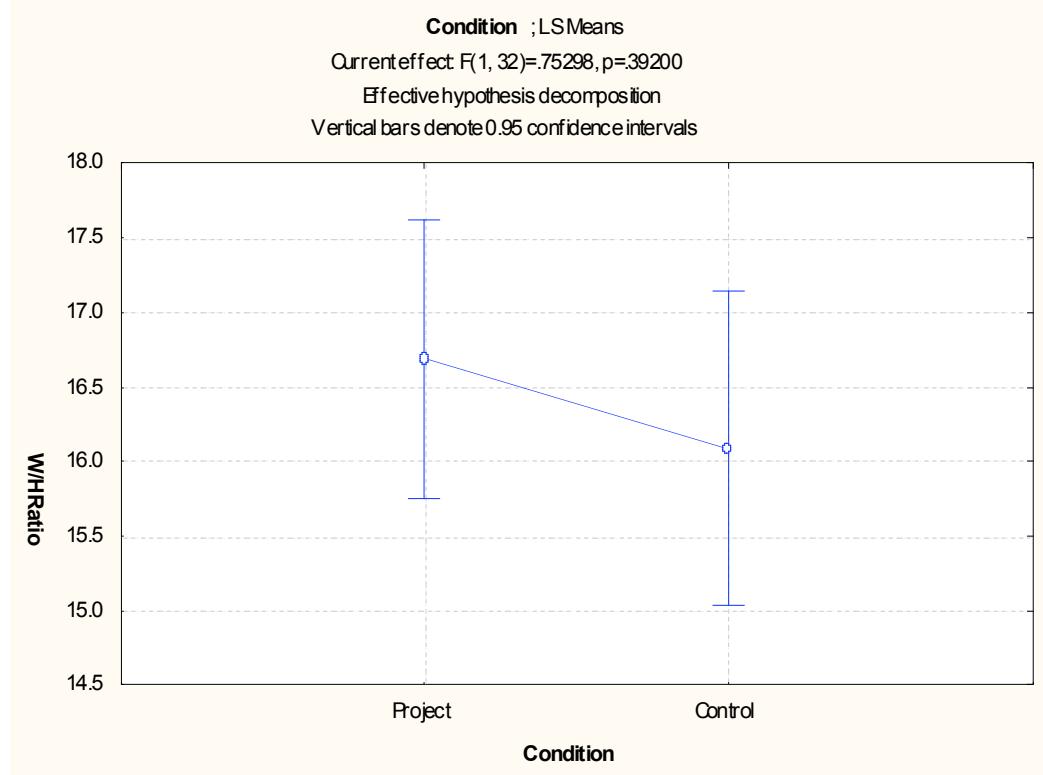
ANOVA Result for the BMI: Project vs. Control groups (Condition effect)

A trend *is* apparent, with the Project group showing a marginally higher mean BMI (16.69) than the Control group (16.09). However, this result is *not* statistically significant. The reason for non-significance is most likely

to be the small sample size (Project: N=21; Control: N=19) with a relatively high variance within this. (See Table 17 and Figure 16). This should *not* be taken to mean that the project's intervention is having no effect on the orphans' nutritional status. The trend would indicate that this might *possibly* be so, but the size of the sample is too small and the degree of variance too great to confirm this.

Beyond this, the Gender and Age Group main effects were both statistically non-significant and, in these cases, showed no clear trend. All four interactions were also non-significant.

**Figure 16: Diagramme BMI**



#### *Malaria medication*

The other health indicator used was access to medication in the case of Malaria. Commonly in the area, those with few resources do not have the money to treat children who have malaria (often with fatal consequences). Children were therefore asked if they had taken medicine (not local traditional medicine but medicine from the clinic the last time they had Malaria).

9 children in the Project group had bought medicine for malaria in the last two months. 3 children had bought medicine for malaria in the Control group. 7 children in the project group had visited the dispensary to get medicine and only 1 in the control group.

This suggests that the Project group has greater access to medication. This was backed up by the discussion.

- We go more to the dispensary since *bibi* got the pension. Before we just used the herbs from the fields.
- Yes, *bibi* can give us money now when we are sick. (Project 9-12)

#### 4.4 Impact on education

##### *Attendance and progress*

More children in the Control group had missed a number of days school in the last two months than in the Project group. A few in the group were not in school at all. See table 17.

**Table 17: School attendance**

Project group			Control group		
Child	Days missed in last 2 months	Reason	Child	Days missed in last two months	Reason
Child 1	2 days	illness	Child 1	Has not attended in last 2 months	No shoes or uniform
Child 2	Dropped out		Child 2	7 days	No uniform
			Child 3	10 days	No shoes
			Child 4	2 weeks	No shoes
			Child 5	3 days	No exercise books
			Child 6	5 days	No shoes or uniform
			Child 7	3 weeks	No shoes
			Child 8	5 days	No exercise books
			Child 9	4 days	No shoes
			Child 10	2 days	No exercise books
			Child 11	2 days	No exercise books
			Child 12	Has not attended in last 2 months	No shoes or uniform
			Child 13	Has not attended in last 2 months	No shoes or uniform
			Child 14	Dropped out of school last year	Working

Children in the Project and Control groups said that teachers chased children away from school when they did not have the correct uniform or shoes and socks and also if they did not have enough exercise books or pens.

In the Project group children said they were able to ask their grannies for what they needed and then they could return to school so none had missed any school in the past two months. They did say they had missed school before their grannies received the pensions though.

*Before the pension I had no shoes so I had to cheat. I had to tell the teacher that I have taken the shoes to the fundi (shoemaker) to get fixed. But after the pension my granny bought me shoes. (Boy, Project 13+)*

*I just had to stay away from school because of no shoes. But after the payment (pension) bibi managed to buy me shoes. (Control 13+)*

In the Control group, however, the children said they were not able to easily find the things they needed so they often missed school for long periods or stayed away for a few days until they hoped the teacher had forgotten and then returned.

The children who had not attended school at all in the last two months had all not gone back because they did not have money for shoes.

*I was sent back home because I did not have shoes. I stayed for one month before my granny had money to buy me shoes. So after the month my granny could have money and she bought me plastic shoes – not school shoes. (Control 13+)*

Children identified the main reason for missing school as lack of uniforms or shoes. Children in the Control group told stories of being chased away from school and told not to return until they had shoes or the correct uniform.

*I missed 10 days because I did not have shoes and exercise books. (boy, Control 13+)*

*I missed 7 days because I did not have exercise books. We need 3 books and they are 250 shillings each. (girl, Control 13+)*

*The teacher told me when you come back in January you must have shoes. I am sent back home many times because of no shoes. About four times in a week. (girl, Control 9-12)*

They also said that having unshaved hair was another reason for being chased from school.

Children in both the Project and Control group talked about how they often got beaten at school for not having school resources.

*Sometimes they beat you when you have no exercise books and no shoes. Sometimes they beat your feet. (girl, Control 9-12)*

Children in the Control group discussed the fact that their progress at school was hindered by poverty. They all agreed that they would do better at school if their grannies had access to resources.

*Sometimes somebody starves at night and then thinks of going to school and there is nothing to eat and then he or she decides that they don't go to school. (boy, Control 13+)*

*Even if you happen to study hard but you have great thoughts. You even remember the past and even if you study hard you can't do anything in exams. (girl, Control 13+)*

*During the day it may happen that you are busy with the family work and at night you have no time and no kerosene to study. (boy, Control 13+)*

*Poverty is the reason for doing badly at school. If you live with a poor granny who cannot buy you shoes and you are sent back home because you have no shoes while others are going on with the classes you are just at home waiting for shoes. This is a big cause of failure at school. (Boy, Control 13+)*

#### **Acceptance and discrimination**

Control group children talked about how they were discriminated against at school by other children usually because they did not have soap to wash their uniform or body.

*In a single desk we sit two two. Now it happens that you go to that class with that school uniform that is not washed and then they make groups in the classroom and they start discussing about you. What kind of a student are you that you did not even manage to wash the school uniform. They do not want to sit with you. But while you think on your own of the real situation – that you could not get soap to wash your clothes. In fact there is no soap.*

*People say you are lazy and dirty.*

*But you can't help. You don't have soap or money. (Control 13+)*

Both Project and Control group children agreed that children who lived with their grannies were poorer than children who lived with parents and this was how they were recognised. But for the Project group the pension had changed this.

*The teacher knows because the school uniform is torn and they have no shoes.*

*Because they have no socks – they may say they are living with the grandmother who cannot buy socks.*

*Now with the pension we have money but before they could see we lived with our bibi because our uniform was too old. (Boy, project 9-12)*



## 4.5 Impact on Emotional Stress

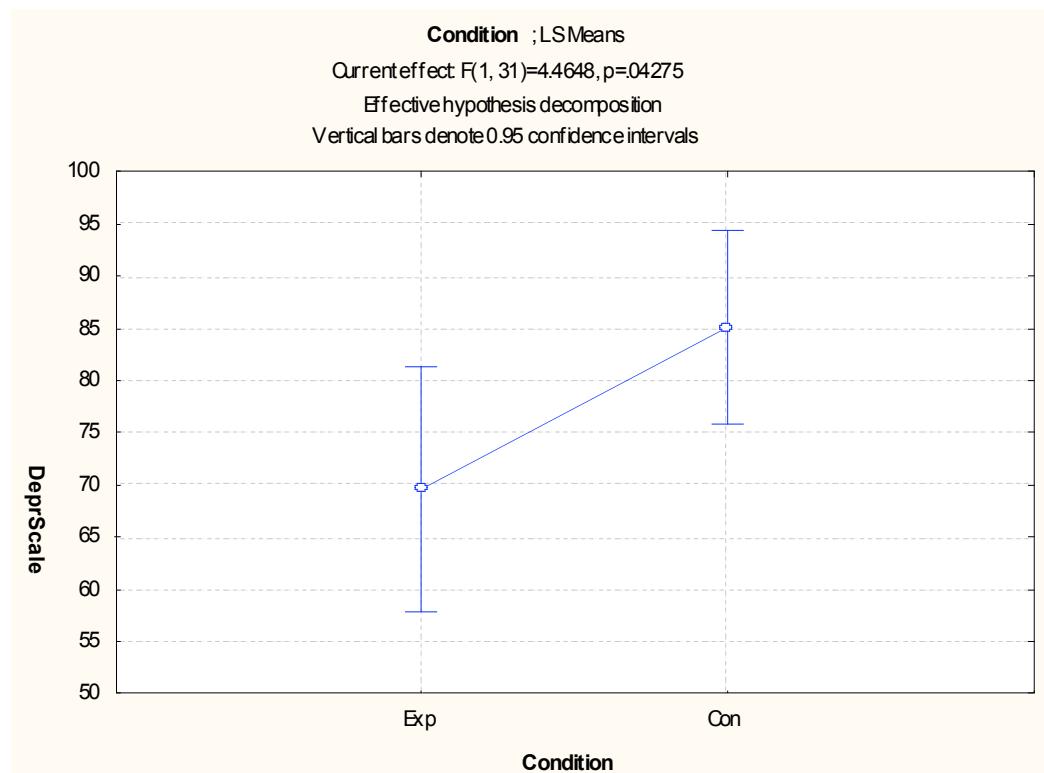
### Depression Scale

An adapted form of the Reynold's Depression Scale was used as a measure of emotional stress (see Annex 9).

ANOVA Result for the Depression Scale: Project vs. Control groups (Condition effect)

Despite the small sample size, the difference between the Project group (Mean:72.8) and the Control group (Mean: 85.2) (Condition main effect) on the Depression Scale was statistically significant ( $p < .05$ ). This result indicates that orphans (of both age groups) *with* the help of the project's intervention show significantly less signs of depression than those who are *not* getting this help. (See Table 11 and Figure 2).

Figure 17: Depression Scale



The significance of these results is an indicator of the degree to which the children in the Project group have successfully had their levels of emotional stress reduced because some money is coming into the household through the pension.

This was also obvious when we discussed emotional stress with the children during the workshop. The discussion focussed around a basket that was filled with stones, each stone representing an issue (identified by the children) that gave them stress.

Both Project and Control groups identified the same issues as giving them emotional stress.

*Our parents died. That is a big stone.  
If you cannot get money for your daily needs.  
Like you need kerosene and you can't get.  
Not going to school because of no uniform.  
If you are beaten at home or school.  
Not having food.  
No house to live in. if it is broken and I cannot get money to repair it.*

*To do work that is too much. (Project 13+)*

*Have thoughts about our mother and father who are now late who died quite long ago.*

*Missing education. No blankets to sleep at night.*

*No kerosene.*

*No food.*

*No bicycle to take you to hospital if you are sick. (Control 13+)*

But Project group children were very clear that some of these factors had been reduced or disappeared in the last year. When asked what had helped they all identified the pension as the main factor for reducing emotional stress in their life.

Has anything helped to take any stones out?

*Yes, now days we get delicious food because granny gets her pension.*

*Ok, so can we take this stone out – the one that says ‘food’?*

*Yes. (all)*

*Are you sure?*

*Yes (all loudly).*

*Since granny got pension we get maize flour, red fish, kerosene.*

*Instead of starving we at least eat some days.*

*So we can take some of these stones out of the basket?*

*Which ones? (the children take out the ones they have mentioned) (Project, 9-12)*

But when asked if any of the stress factors had been reduced in their lives Control group children said no.

Has anything helped you to take any stones out of the basket?

*The husband of my aunt has given me an exercise book.*

*Ok? What about others?*

*Nothing has happened.*

*Nothing.*

*The stones are still there. (Control 13+)*

Apart from the obvious impact of the pension what stood out during this exercise was the pragmatism of the children. Children in the Project group were clear that some of the stressors had not been reduced by the pension as it was not enough money. They very pragmatically accepted this.

*The stone with ‘broken house’ is still there. When it rains the water comes in. The pension is not enough for that.*

*The blankets (bed sheets) is still there. (Project 13+)*

Interestingly, the Control group showed this same mature pragmatism. During the exercise we told the children that their grannies would soon be receiving a pension and we asked them which stress factors they thought would be reduced. In a similar way to the Project group they agreed that some of the problems they had would remain because the pension was not enough.

*I will be able to get food after the pension money.*

*Kerosene, having shoes, school uniform and a lamp.*

*And I will be able to get a bicycle.*

*No, it will not be enough.*

*So I must put that stone back in again?*

*Yes (a few voices). (Control 13+)*

#### **4.6. Impact on the relationships within the household**

Children in the project and control group discussed the fact that the relationship between children and their grannies are affected by stress related to a lack of resources. They agreed that children felt unloved if they did not get enough food to eat or had no shoes to go to school. They agreed too that children would not do household work willingly if they did not have their needs met – like food when they returned from school.

*They feel unhappy when granny has no food for them when they come from school.*

*When you compare yourself to your friends who have shoes and you don't have.*

*Many of them just murmur if they come home and there is no food.*

*You put wrinkles on your face. Like this. (Control 13+)*

*Children get sad when they come home to no food.*

*Yes, because when you come from school you are not awake and you are hungry and if you get home and you find food and you eat you become energetic again and help. Then there is no fighting with granny.*

*You are happy to get water because she got food for you. (Project 13+)*

They explained that they understood that their grannies could not help the situation but that lack of resources did impact on their relationships with their grandparents.

*You get sad (if there is no food) but sometimes it can happen that granny does not have any money, so you just stay like that until she has money.*

*I know that she has no money and I can't force her – so much that she will break into someone's house – she can't steal! (Project 9-12)*

Children in the Project group described how their grannies came home with rice or some fish on a pension day and how this made them feel loved and cared for. When their practical needs were met they felt happy.

*- In our house the children feel happy to work for bibi. Bibi looks for food for me now she has the pension. I come home and there is food there.*

*- When she gets her money (pension) she buys fruit or an exercise book for me. She is good to me. (Project 9-12)*

Clearly, the pension improves the children's relationship with their grandparents.



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## CASE STUDY 4

*Of our 11 children 7 are still alive. Two girls have moved away and are still married, the other two were abandoned by their husbands. One went away to the towns and left me a girl, the other one has moved into my house with her child.*

*My husband, a son, my father and another son died one after the other. Despite all of this the time after my husband died turned out to be the easiest period in my life, because the property of my husband was not divided as the boys had not married yet. The sons supported me and I had enough coffee to get money. Only when my sons married the land was distributed among the brothers. Yes, they all built their houses on our shamba and got their small plots. But since then they had to support their own families and couldn't do much for me. When one of them died, his wife came with the three children and went away. I have not seen her since.*



*The youngest son inherited the house but as long as he lived alone I could stay. This changed when he got married some 3 years ago. First we still lived together and I cared six month for his wife, who stayed in her room and wasn't allowed to leave the house in that period. This is how it is done with wives who don't have to go to work. Sometimes it is nine months or even longer. When the baby was there my daughter-in-law didn't want me in her house anymore. So my son gave me 14 iron sheets that I could build my own house.*

*That's when things got really difficult for me, for the five grandchildren and my daughter. We had to do a lot of day labour. I had very little energy left that time and just accompanied my daughter to get some food. When we got money for the work we could buy essentials like flour, ugali and kerosene. I was full of fears and worries every day: How could we continue to live like this? Would it ever be better again? My daughter, a Born-Again kept saying "Give yourself a hope, one day God will help".*

*female pensioner living with two grandsons and three granddaughters (the complete Case Study is in Annex 5)*

## 5 IMPLEMENTATION OF KWAWAZEE PENSION FUND

*My husband died in 1980. He was 82 years old and left me with eight children. After my husband died the children changed. They beat me and harmed me – I was admitted to hospital. The children mistreated me. I found the clan members to divide our property so the children sold their property and left. In 2007 I saw women coming from here and I asked them where they were coming from. They said ... they had gone to receive pensions... When I came here (to KwaWazee) ... it was pension day so they asked me to come again. I met a girl who registered me and later came to visit my place. I showed her my house. My own house collapsed last year so at the moment I am renting two rooms in a house where I stay with the one grandchild....*

*Yes we receive the pension in our villages and there are others on a list yet not getting it. I can't understand why they have not yet received support. Maybe the computer hasn't chosen them.*

*When we come here to collect the pension - in our village we say we are sick and are going to the hospital. We don't tell them where we are going.*

This part of the report is intended to highlight lessons from the implementation of this means tested pension, by examining the effectiveness of targeting, the distribution methods and overall management of the scheme. Lessons can also be learned from the growth and development of the pension fund over its four year history.

### Methodology

A section of the questionnaire designed specifically for the project group included three questions on the delivery of the pension. Two focus groups with pensioners in Nshamba and Ngenge looked at their experiences of accessing and delivery of the pension. Pension attendants, responsible for delivery of cash to pensioners in Ngenge, participated in a focus group discussion. A one day workshop in Nshamba was held with staff responsible for the delivery of the pension in all sites. In addition, the process of one pension pay day at the main office in Nshamba was observed.

### 5.1 KwaWazee facts and figures

**Table 18: Numbers of admissions 2003 - 2007 by areas**

Locality	2003 (Dec.)	2004	2005	2006	2007	Total Adm. OP 2003-2007	Total left or died 2004-2007	Total Older People Dec 07	Total Gr'children Dec 07
Nshamba	55	125	67	130	140	517	83	434	420
Mubunda			31			31	4	27	15
Ngenge			44	16		60	21	39	12
Buganguzi					49	49	4	45	23
Kishanda					51	51	3	48	33
TOTAL	55	125	142	146	240	708	115	593	503

The KwaWazee Pensions Fund started in December 2003 with 55 pensioners from Nshamba and the surrounding villages. By the end of 2007, 593 older people received their pension with a total of 503 child-benefits. Of the 115 de-registered pensioners, 56 had died, some were de-registered during a fraud investigation in 2006 and the remainder left the area.

**Table 19: Numbers of pensioners by the end of the calendar year 2004 - 2007**

Locality	Dec 2004	Dec 2005	Dec 2006	Dec 2007
Nshamba	165	230	334	434
Mubunda		31	29	27
Ngenge		44	39	39
Buganguzi	/	/	/	45
Kishanda	/	/	/	48
<b>Total pensions</b>	<b>165</b>	<b>305</b>	<b>402</b>	<b>593</b>
Total child-benefits	188	397	460	503

Records show a shift in the proportion of pensioners and children. In the first few years, the number of children roughly equalled that of pensioners, but the proportion of child allowances has declined over the last year.

The main reason for this is more differentiated targeting criteria to take better account of overall socio-economic situation which has produced a greater inclusion of older people without grandchildren.

**Table 20: Profile of pensioners December 2007**

Stats Dec 2007	Total	percentage Female/male	number of pens. without childcare	number of pensioners with childcare	percentage of pensioners with childcare	number of children
Female pensioners	535	90.2%	295	240	45%	468
Male pensioners	58	9.8%	37	21	36%	35
Total	593	100%	332	261	44%	503

#### **Establishing the amount for pensions and child-benefits.**

In a first phase (from December 2003) the amount of the monthly pension was set at 3,000 TSh or 2.91 US \$ per month. Soon after the launching, in May 2004, it was decided to raise the pension to 4,000 TSh. and to introduce child-benefits for those older people who cared for grandchildren. Child-benefits were set at 1,500 TSh. per grandchild. As there were no other pensions schemes known to get guidelines from, the amount was defined as a result of consultations among older people and as a consequence of the available funds.

(Note: Only during the evaluation the figures of the *basic needs poverty line* and the *food poverty line* appeared as possible reference points. The basic needs poverty line was set at around 7,700 TSh per person and month in 2000/2001.)

#### **Adapting the pensions to inflation**

To secure the purchasing power to the beneficiaries the pensions were raised for the first time in March 2006 after a period of severe drought and strongly increased food-prices. A persisting strong inflation led to another raise in June 2007<sup>15</sup> The decision wasn't so easy to take as it meant that less funds might be available to accept new members. It was however decided to define a basket or a goods-package with the most basic items purchased from the pensions (like maize, soap, kerosen, etc.) to more systematically monitor the inflation in the future.

**Table 21: Amount of Pensions**

December/January	older people's pension	child benefit
from Nov. 2003	4,000 TSh (3.88 US\$)	--
from May 2004	4,000 TSh	1,500 TSh
from March 2006	5,000 TSh	2,000 TSh
from June 2007	6,000 TSh (4.68 US\$) (5 US\$, April 08)	3,000 TSh

#### **Cases of fraud**

While the payments to self-collectors from the paypoints – the vast majority of all pensions – appeared to be very reliable from the start, problems came up in cases, where the pensions were delivered at the pensioner's home by the volunteer committee members of KwaWazee. In some cases a part or even the whole pension was withheld. In other cases, non existing disabled pensioners were presented for registration by committee members and subsequently the pensions were cashed by the same committee members. When the number of admissions of non self-collectors rose conspicuously this was detected and investigated.

As a result the initial pension fund committee was dissolved in the beginning of 2006. It was concluded, that working with volunteers – although very helpful in the very first phase of a pilot project – was not a sustainable way of developing a rapidly growing programme.

#### **Lessons learned from fraud-cases**

With the dissolution of the initial committee of the Pensions Fund the targeting as well as the delivery of the pensions were taken over by the staff-team, that had been employed for the PSS project. This move towards more professionalism was accompanied by new procedures, designed to better protect the pensioners and exclude the registration of non-existent pensioners:

- Each pensioner had to appoint one person of trust, who was entitled to collect the pension on behalf of the pensioner. This person was registered at KwaWazee and had to carry the tag-number for identification when collecting the pension.

<sup>15</sup> National Bureau of Statistics; [www.nbs.go.tz/CPI/CPI022008.htm](http://www.nbs.go.tz/CPI/CPI022008.htm)

Official figures show an overall inflation of 49.4% from February 2002 to February 2008, with a food inflation of 11.4% in the past 12 months. Prices are collected in 20 towns of mainland Tanzania from 207 items, with food accounting for 56%. For the same period the loss of purchasing power is indicated with 31%.

There are no official data of rural areas like the Kagera region. Market observations of key informants however suggest that the inflation has been significantly higher than the above mentioned figures in the past years.

- Beneficiaries who needed their pension delivered were to be visited at their home occasionally for monitoring.
- Each pensioner had to appear at least once at the office before being assessed at the home.

## 5.2 Coverage

The pension scheme's geographical coverage broadened with the increase in funding available so that the pension is now delivered from five sites. The original and largest area spans several villages in and around the town of Nshamba. The inclusion of four smaller areas at some distance from Nshamba centre has increased the coverage over time. Small gaps in the geographical coverage are an outcome of ad hoc expansion which is based on the poverty within the area and on the organisational capacity to deliver. This has allowed for the piloting of distribution methods tailored to the available infrastructure and to the conditions in the different localities.

Using population data from the National Population Census 2002<sup>16</sup> for Muleba District (Kagera Region) together with figures on poverty produced by the International Labour Organisation (ILO)<sup>17</sup>, it is possible to estimate coverage of the pension fund in the areas of implementation, as shown in the tables below.

The figures in tables 24 and 25 for the proportion of older people in the target areas are calculated on the basis of the National Population Census (2002) which indicates that the proportion of older people in the rural population is 5.9%. (The proportion of older people in the total population is 5.6%). The numbers of older people below the poverty line are based on ILO estimates that 24.4% of older people are below the Food Poverty Line (FPL) and 44.1% are below the Basic Needs Poverty Line (BNPL).<sup>18</sup>

**Table 22: Coverage of older people through KwaWazee**

Ward	Start of Pension Fund	total population	older people 60+ (5.9% of total pop.)	of which below BNPL (44.1%)	of which below FPL (24.4%)	number of KwaWazee pensions Dec 2007 Total: 593	coverage (%) KwaWazee of all OP below BNPL	coverage (%) KwaWazee of all OP below FPL
Nshamba	2003	18'404	1'085	478	266	434 *)	> 80	> 150
Mubunda	2005	22'992	1'356	598	332	27	4.5	8.1
Ngenge	2005	20'565	1'213	535	297	39	7.3	13.1
Kishanda	2007	14'414	850	319	208	48	15.0	23.1
Buganguzi	2007	9'040	533	235	131	45	19.1	34.4

**Table 23: Coverage of female older people through KwaWazee**

Ward	Start of Pension Fund	total population female	older people female 60+	of which below BNPL (44.1%)	of which below FPL (24.4%)	appr.n. of female pensioners Dec 2007	coverage (%) of female pensioners below BNPL	coverage (%) of female pensioners below FPL
Nshamba	2003	18'404	576	254	141	390 *)	> 140	> 250
Mubunda	2005	12,026	710	313	174	24	13.8	7.7
Ngenge	2005	10,388	613	270	150	35	23.3	13.0
Kishanda	2007	7,581	447	197	110	43	39.1	21.8
Buganguzi	2007	4,841	286	126	70	41	58.6	32.5

\*) These figures include a small number of pensioners who are not living in Nshamba Ward (e.g. Biirabo). Also the figures for the female pensioners in the different wards are estimates (90% of all pensioners are women).

The estimates based on the 2002 census reveal that in the Nshamba Ward around 65% of all the women above the age of 60 years already receive a pension. Compared to the estimated number of people living below the

<sup>16</sup> 2002 Population and Housing Census, General Report. [www.tanzania.go.tz/census/districts/muleba.htm](http://www.tanzania.go.tz/census/districts/muleba.htm)

<sup>17</sup> Gassmann, F & Behrendt C. Simulating the effects on poverty reduction for Senegal and Tanzania. ILO Discussion Paper 15, August 2006. [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=933080](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=933080)

The Food Poverty Line is set at TSh. 6,631 for 28 days. The Basic Needs Poverty Line was set in 2000/2001 at TSh. 262 a day or an equivalent of TSh. 7,336 for 28 days.

<sup>18</sup> ibid. 2002 Population Census and ILO figures for the percentage of people living below the poverty lines in rural Tanzania

Total Population of Muleba District: (192'252 male; 194'076 female) 386,328

Estimated number of older people (60 years +): 22,790

Estimated number of older people below the food poverty line: 5,580

Estimated number of older people below the basic needs poverty line: 10,050

Estimated number of older people below UN poverty line (1 US\$ a day): 19,600

Basic Needs Poverty Line this appears to be a very high coverage and yet older people and key informants taking part in the study expressed strongly that there were many more who would qualify for a pension.

### 5.3 Targeting

The small scale beginning and incremental development of the pension fund has enabled KwaWazee to focus on quality in delivering the service.

However there has been no systematic baseline data collection until now. The growth of the fund over four years now makes this an imperative in order to assess targeting effectiveness and to inform future growth and development of the scheme. The following section uses data from the survey and national census information to consider how far targeting reaches the most vulnerable people and highlights lessons learned from the experience.

#### Targeting method

As described above beneficiaries were initially identified through a team of community volunteers who had first hand experience of living conditions in the area. To make their selection they used broad proxy indicators of vulnerability:

- Age (over 60 years)
- living conditions (size and ownership of shamba, condition of house)
- health status
- lack of support for older person and grandchildren in their care

Pensioners who are solely responsible for grandchildren were prioritized in the beginning.

In a few exceptional cases of extreme hardship, persons under the age criterion have been admitted.

By the time the KwaWazee PSS staff-team took responsibility for the implementation of the Pension Fund as well, the awareness of the scheme within the target area had risen, meaning that an increasing number of older people come forward to make an application. Potential beneficiaries are also brought to the attention of staff and pension attendants during their visits to the communities.

At the first point of contact with potential beneficiaries, staff make an initial assessment based on the eligibility criteria. At this point a pre-registration form providing basic information about the applicant is completed and filed. If funds are available to guarantee additional pensions in the long term, staff members make a house visit at a later date. These visits can include discussion with neighbours and community members to verify or clarify information. At this moment the registration form is completed as a basis for the board and the staff to decide who can be accepted. Potential applicants are informed when a decision will be reached and how this will be communicated to them verbally.

Decisions are then explained by staff to the applicants either through a staff visit to the community if it is far from Nshamba or by the applicant visiting the office. If approved, the date of next collection and amount of pension they will receive is discussed with them. Pensioners who are unable to collect the pension themselves - because of infirmity or poor health - provide the name of a trusted representative who must sign the registration form along with the pensioner. A registration number is allocated to each pensioner when they collect the pension for the first time.

#### Steps in targeting

- 1) Initial meeting
  - 2) House visit
  - 3) Board selection meeting
  - 4) Inform beneficiary of decision
- |  |   |
|--|---|
|  | <b>Documentation</b>  |
|  | pre registration Form 1   |
|  | registration Form 2   |
|  | registration Form 2   |
|  | nominee details registration Form 2<br>(for non self-collectors only) |

At the time of the study, pre-registration details of about 150 applicants were filed on a waiting list for consideration when funds become available for more pensions. Those who are considered serious cases have a priority note attached. A small emergency fund allows for one or two extreme cases to be admitted earlier.

#### Effectiveness of targeting

Findings of the survey confirm that pensioners have incomes below the national poverty lines and are vulnerable in relation to a number of poverty indicators.

Estimates of average monthly income without the pension in a poor month were remarkably similar across the sample; TSh 1,230 for project group, and TSh 1,260 for the control group. In a good month these averages rose

to TSh 3,040 (project group) and TSh 3,920 (control group). According to these estimates the income of most pensioners would – with 9,000 to 10,000 TSh per month – still be below the 2000/01 basic needs poverty line, if adjusted to inflation.

As previously noted (page 9) the control group appeared to be slightly better off than the project group regarding land ownership (by a difference of 15%), production of beans and maize (difference of 19% and 14%) and cash income in a good month. Observations of one or two cases during fieldwork seemed to confirm this. One interpretation of this finding is that targeting has successfully reached the poorest cases first, although in the absence of comprehensive household data this cannot be verified.

Of the randomly selected survey sample, the majority of pensioners fell into the older age category - 61% were over 70 years of age and 39% were between 61 and 70 years of age. The non pensioners had a slightly younger profile with roughly equal distribution among the two age groups. Thirty percent of those without grandchildren were living alone. Table 22 provides information on all pensioners in the scheme. Over 90% of all pensioners are female and of these 45% are carers.

### **Perceptions of beneficiaries on targeting**

Older people had diverse experiences of how they became pensioners. Some received information from friends, some were identified by village leaders, and others made their own inquiries.

*I came to know about this when people came to the village to register people. They came from Nshamba to visit the houses of older people for the pension those who were disabled, had lost their children and who were caring for orphans. They brought their names but we others could not know what was going on. ....Last year – a friend advised me to come here - I saw people coming here and I asked them if they could see my situation. They advised me to go home and they would come....they came and observed my situation and the children and later I started to get support.*

*I was selected by the village chairman. I stay in someone else's house because I don't have my own house. ....The village chairman saw my situation and advised me for this pension. I have no land to grow my own food so I use this money to buy food. They even came to see where I live and my situation.*

*An assistant came to my house because I am now 95 years old. She registered me after seeing my difficult situation at home. Before them I had no information about this organisation. When she came she explained and she registered me. She is my neighbour so she knows my situation.*

*I knew through the village chairman. He came and told me they were going to register and I came here and was registered here in this house by the one who owns the house [pension assistant]. (Ngenge)*

Pensioners were able to list the general criteria for inclusion in the scheme and were highly satisfied that those who receive the pension are eligible. Views on reasons for selection included lack of support, very poor plot of land, lack of money, food, kerosene and soap and not having enough food for their grandchildren.

However there was widespread agreement that there are equally deserving others who are not yet included in the scheme. The reasons given for this were lack of information or someone to guide them and awareness that funds are limited.

*We think there are some who deserve to get it [the pension]*

*Those others [who don't get the pension] are those who don't have people to direct them here to get it.*

*For me I can see that there are still others who need support but they are told there isn't the capacity to support them at this time.*

Consequently pensioners explained their inclusion in terms of sheer luck or divine intervention.

*God has selected us. We are blessed!*

*I can say that for others, maybe its not their turn. As God decides to kill some people and leave others – it's not their turn yet.*

*I can't understand why they have not yet received support. Maybe the computer hasn't chosen them.*

A recurring theme in many of the focus group discussions was the degree of secrecy surrounding the pension. Many older people guarded the fact that they received the cash and concealed their movements on pay days. Apart from the knowledge that the number of pensions are limited, the wider context of poorly implemented services and widespread corruption gives rise to a climate of distrust and lack of transparency. As some of the following extracts show, a reluctance to publicise affects delivery staff as well.

*When we come here sometimes we advise each other that it should be confidential and they shouldn't publicise it.*

*We are mostly advised by the attendants who register us that if we tell others it will be our own fault.*

*Sometimes it's like a secret we advise each other not to publicise this. We sometimes hide the pension because we can get troubles. We also avoid being blamed by the attendants in the office who think we will increase the burden on them. So when older people come to our house crying for lack of support, we also cry with them and tell them we have nothing although we have. They don't know our secret. Even when we come from here today we won't say where we're coming from – we just say „the market“.*

*Those who are responsible for selection should go directly to the people and not publicise it. We also fear to tell our grandchildren because we think they'll tell these secrets outside – it is enough for them to get what they need....*

*We also fear if it were publicised. Our assistants might meet some thieves on the way. We think if it's publicised it should be done by the government or the ten cell leaders, but we can't do it. If it could be advertised and those identified we think that some of them may meet thieves. The community can feel well about this but the danger is that there may be thieves who can take the money from some people.*

Older people's experience of exclusion from other services may well encourage them to be secretive about the pension fund:

*Sometimes you can't even know who is going to get something because they make it so confidential. Based on friendship, they say this one can go or that one can go. ...we saw houses being built but we never knew the criteria for this. (non-pensioner)*

#### **Views of staff and key informants on targeting**

The KwaWazee team appeared confident in the implementation of the targeting process and felt that the system of pre-registration and waiting list, and the fact that final decisions were made by the board, adequately protected them from suspicion of fraud. Pension attendants in the outlying village of Ngenge operate their own waiting list of potential pensioners for forwarding to the staff team, all of whom they had visited to assess their situation. However, they clearly felt less central to the process since they were dependent on staff visits to exchange information about, for example, when new pensioners could be admitted.

While staff and attendants felt that greater involvement of community representatives in targeting was worth considering, they also expressed strong reservations due to the potential for fraud and nepotism by some community leaders and service providers. They felt it would be important for KwaWazee to retain an independent oversight, especially in the short term.

*- The problem with these health attendants is that they are biased and would select people they are related to... Even these chairpersons are biased. If you bring such support it will be used within their families.*

During the past year, KwaWazee has encouraged greater involvement of village and sub-village chairpersons through their inclusion in awareness raising workshops on issues such as inheritance and property rights of orphans. Some of these leaders, being better informed about the scheme, now assist staff in identifying eligible persons in an informal way.

Two sub village chairpersons interviewed during this study expressed great willingness to contribute to the targeting process, suggesting that village executive leaders, and members of women's and religious groups could also play a role. Moreover, they held information on numbers of households in their villages and could help to establish a baseline by gathering and maintaining records on numbers of older people in the population.

*- We would like you to consider this – involve others when you select beneficiaries and get different views on who should be recruited. I would request that you do not just ask me, but in order to get reality, interview as many leaders as you can to get the full picture.*

Of the seven key informants interviewed, four had some limited knowledge about the pension fund, although there was general agreement that older people were vulnerable and deserving of support, particularly those caring for grandchildren. Widowerhood, property grabbing, lack of family support, poor health, lack of energy to work and responsibility for grandchildren were listed as factors of vulnerability, reflecting the broad eligibility criteria of the pension fund. Of those who were aware of the objectives of the scheme, none knew the amount of pension and estimated well above the actual amount.

### **Lessons on targeting**

In common with other means tested cash transfer schemes, the pension fund has addressed challenges relating to coverage, social acceptance and administration. To ensure that limited funds reach those who need them most, required the development of criteria or proxy indicators as well as processes to identify the most vulnerable people. To safeguard against fraud within the organisation and resentment within communities, the targeting procedure needed to be transparent, robust and accurate.

Universal or untargeted cash transfers on the other hand, target categories of people who face obvious disadvantages such as older people, orphans, or people with disabilities, that are easily identifiable. This allows for more transparent processes of selection and greater likelihood of acceptance in communities. The absence of complex and lengthy targeting processes, sometimes involving community participation, may also reduce administrative costs.

The KwaWazee pension uses targeting criteria that are generally well understood, and the findings of the study indicate that pensions do reach very vulnerable older people. The scheme operates in rural communities with extremely high poverty rates and it is perhaps inevitable that a proportion of older people remain 'excluded'. The absence of baseline information such as numbers of older people in communities makes it hard for the team to assess current coverage more accurately and to inform future development of the scheme.

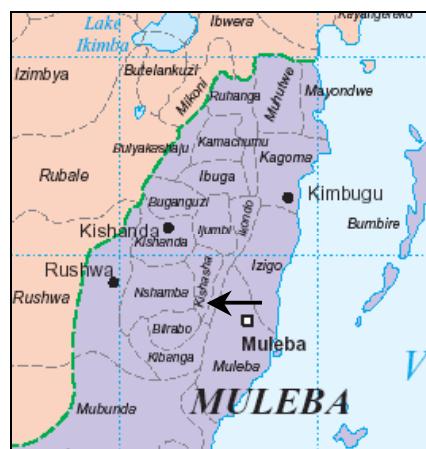
Since the fieldwork took place, eligibility criteria have been reviewed. The age criterion has been raised to 65 years and above, on the assumption that inclusion of the very old will capture the most vulnerable older people, and clearer poverty indicators have been introduced. It has already been observed that this has resulted in a much higher rejection rate of applicants. For KwaWazee – a community based organisation with limited funds – such improvement in the targeting criteria and mechanisms presents the best option for the development of the scheme. The fact that criteria are generally accepted when they are explained, is an achievement, but the experience of this scheme confirms the fact that accurate means testing remains problematic in communities where poverty is widespread. This is a key factor in support of the case for universal schemes in larger programmes.

To improve transparency and community understanding of the scheme, ways of increasing community participation in targeting are being considered. The secrecy encountered during fieldwork burdens both pensioners and staff, and community dialogue could reduce this. The great respect that communities have for KwaWazee provides a good base for a more confident approach.

### **5.4 Delivery of pension fund**

#### **Distribution models**

For the first two years of the project, there was one payday every month at the assembly room of WOSCA (Women Saving and Credit Association) in Nshamba. Pensioners gathered in the large room and one by one received their pension. Older people, who were not able to collect their pension themselves, got the pension delivered at their home by members of the volunteer KwaWazee committee. This committee, who was also responsible for the targeting of the older persons, was formed from older members of the orphan's organization VSI and members of WOSCA.



Gradually other paypoints for more distant areas were added. Mubunda, to the South and Ngenge to the West of Nshamba. Both villages and areas were serviced by the mobile bank from WOSCA. This structure was initially used by the Pensions Fund. In Ngenge, where pensioners live even more remotely, most of the pensions were delivered directly to the homes of the older people (see below).

When the Pensions Fund extended the area of operation in early 2007 two additional paypoints were introduced in Kishanda and in Buganguzi.

### Distribution at the pay point in Nshamba

From 2006 to the summer 2007 WOSCA operated the payments. For the pensioners in Nshamba this meant more options to collect the pension (the opening hours of WOSCA) and the possibility to also make small savings, as for each of them an account for the pension was opened. With the unexpected closure of WOSCA in summer 2007 KwaWazee had to take up the implementation of all the payments once again. The number of paydays in Nshamba was reduced to one morning every week.

The delivery accounting system is simple and effective. On the morning of delivery, a staff member takes the file box containing all the pension cards for the particular pay point and collects the exact amount of cash due to each pensioner from the Nshamba office. Each pension card contains a record of the amount due and any balance uncollected. A receipt for the total amount collected is signed upon collection. At the end of the day the pension cards are returned with any undelivered cash. The balance is checked by the staff member and manager and monthly records for each pensioner are up-dated on computer immediately.

During the study the pay point distribution was observed in Nshamba. Although similar basic systems are used through the mobile pay points, the volume of pensioners using Nshamba pay point is far higher. Currently 434 pensioners are registered in Nshamba but they have the option to collect the cash on one day each week. In practice however the vast majority of pensioners collect their pensions on the first pay day of each month, and on such pay days often more than 300 pensions are delivered in one morning. Nshamba pay days are managed by all three staff and the coordinator while two staff can manage the mobile pay points. Older people begin to arrive in the KwaWazee compound soon after seven o'clock in the morning and the pay point is opened shortly afterwards.

Box files with all the pension cards are placed on a desk near the door of the pay room and these are the responsibility of one staff member. The pension card is laid out as follows:

#### Savings card

Name:..... Name of nominee:..... Registration No.:.....

Tarehe Date	Hati Who pays out (ie. KW)	Kuweka Amount to be paid out	Kutoa Amount withdrawn	Salia Balance or savings	Mpokeaji Signature

Each pensioner carries a small cardboard disc with their registration number on one side and the KwaWazee stamp on the reverse. These are collected and matched with the pension cards, which are then distributed along with the discs among the three pay desks.

Pensioners enter the pay room in batches of up to 40 at a time, once their pension cards have been distributed. Staff making payments work simultaneously through their pension cards, calling pensioners one at a time to collect the pension.



At the pay desks, attendants check the pensioners name, show the pension card with the balance they are entitled to and ask how much they wish to receive.

In most cases the balance represents this month's pension but some pensioners have managed to save small amounts.

The attendant records the date, amount to be paid and the balance before the pensioner signs the card – the majority with a thumb print.

Exactly the same process is carried out with nominated collectors, whose name and signature appears at the top of the card. Money is carefully counted out and the value of each note is explained.

The pensioner checks the amount before taking it away along with the registration disc. When attendants have completed one batch of pension cards, these are taken away and filed. Another set are distributed among the pay attendents and the next set of pensioners enter the pay room.

The system operates extremely smoothly and efficiently and attendants were warm and respectful towards all those collecting the pension.

On the day the pay out was observed the older people looked dignified and relaxed, chatting to each other and the staff. The efficiency of the system is demonstrated by the following time recordings made during the payment process:

From 08.33 to 09.26 the three staff paid out in three batches a total of 70 pensions. The average payment time per pensioner was 2 minutes.

Of course the payment is only one part of the process. The text below describes the movements of one pensioner from arriving at the pay point to leaving with her pension.



**Figure 18: Collecting the pension at Nshamba paypoint: December 2007**

- 0936 Maria arrives at the pay point. She enters the building and sits down in the open sided corridor leading to the pay room. There are about 65 other older people and children in the corridor and in the compound outside. She carries a small cardboard disc with her registration number on one side and the Kwa Wazee stamp on the reverse. When requested, she gives this disc to the pension attendant who collects about 20 discs at the same time.
- 0944 Maria enters the pay room with others who have given in their discs and sits on the mat covered floor with about 40 others. Around the sides of the room are three pay desks, each with a staff member, and one table containing pensioner record cards.
- 0952 Maria is called by name to one of the three pay desks. After confirming her name, the pay attendant displays her pension card with the balance available and asks her what amount she wishes to be paid. The attendant records the date, amount and balance on her pension card. She signs her pension card with a thumb print next to the date and the money is carefully counted out in front of her; she is reminded of the value of each of the notes and asked to check the amount. Her registration disc is returned to her.
- 0954 Maria folds the cash securely into her cloth and leaves the pay desk.
- 0956 After saying goodbye to some friends, Maria leaves the pay room. She stops to chat with some other friends who are waiting outside in the corridor.
- 0957 Maria leaves the building and goes to greet other people who are sitting on a low wall outside.
- 1001 Maria leaves the compound accompanied by a younger woman and her baby.

Time spent from arrival to receipt of cash - 18 minutes

Total time including socialising - 25 minutes

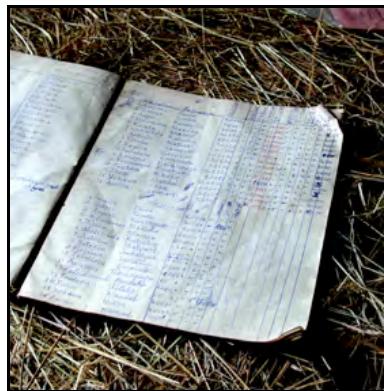
### Distribution in communities

While the main Nshamba office is opened for pension collection one day a week as outlined above four of the five areas are serviced by a monthly mobile pay point. In Mubunda, Kishanda and Buganguzi pensions are delivered by KwaWazee staff on one day from a community hall or compound. In Ngenge, because of its size and scattered dwellings, three community based pension attendants are employed by KwaWazee to deliver cash to pensioners at their homes. The cash is delivered to the attendants on the agreed day each month for delivery to pensioners over the next couple of days.

The study included a visit to Ngenge, where as noted, extreme poverty, large area and absence of basic infrastrucures has required a different model of delivery. Ngenge is also a priority area for expansion of the fund. The three pension attendants had previously been members of the Woman Saving and Credit Association (WOSCA) and live in different villages within Ngenge. In total they deliver 39 pensions, divided between them on the basis of location of pensioners in relation to their homes. For this they each receive a small renumeration of TSH 1,000 per month. Delivery starts on the day the cash arrives, but because they deliver on foot, this takes two or three days.

*I cannot distribute on the same day as its far from where I live. I start to distribute on the second day to three people. The I come back to cook lunch. The next day I distribute to another three. I start in the morning and finish about 2 pm. On the third day I distribute to one person.*

*I distribute in Ngenge centre on the same day - I meet four pensioners at a centre and eight I distribute to their houses. On the second day I take three pensions.*



The attendants have developed their own record keeping system. Each carries an exercise book which lists their own pensioners together with columns to record the amount of pension due and date of receipt. When the pension is increased, an additional column is added to record the new amount. Occasionally, pensioners are not in to receive their cash and in this case attendants return on another day.

*„When we go to the home they obviously know we have come with the money. We issue the money. They count. They bring coffee to chew as a traditional thanks. They don't sign anything. We have exercise books with all the names who get the money.“*

The house visits enable the attendants to monitor the situation of pensioners:

- *I observe that this amount of money really supports them. When you visit you see the changes. They can buy things to eat, some buy bed sheets and they show you things like bowls they have bought. Some can pay for someone to weed and we see their plots are better.*

- *There are physical changes you can see. Especially there was serious hunger, we thought they would die. There are notorious weds here and these grannies have paid someone to dig for them and they plant crops like cassava. This has changed them. Their appearance changes. They can put on good clothes. They care in a good way for their grandchildren and we see the change in the children. We sometimes invite each other [attendants] to visit with us like a monitoring to observe this situation.*

The sporadic and infrequent contact with KwaWazee staff is a concern that has been brought to the attention of the project. Attendants expressed a desire to be more involved in and informed of developments, especially with regard to their lists of potential new pensioners and explaining changes in pension amounts to their pensioners. Although attendants are not volunteers, their renumeration is very small and there is a case for training and support, especially if this model is to be replicated in other areas.

There have been no incidents of theft so far but security may need review when pension numbers increase. Attendants were anxious to deliver the money at once and felt uncomfortable if they had to keep cash overnight.

- *Taking an example from WOSCA – when people see them they think always they come with money. Its the same with us. They think always we are carrying money, so that is why I am afraid that people will harm me to get the money. It hasn't happened yet but we are taking precautions.*

### Satisfaction with delivery

Observations and discussions with focus groups provided evidence that pensioners were highly satisfied with the delivery. Findings of the survey confirm that overall pensioners are very happy with the way the pension is delivered as seen in the table below. Although 100% reported they were very happy with delivery, 10% of them reported receiving less than the amount entitled to and 10% reported they knew of cases where the cash had been ‘eaten’ during the last two years.

**Table 24: Satisfaction with delivery of pension**

satisfaction with the way the pension is delivered	self-collectors (38) non self-coll.: (16)	very happy very happy	100 % 100 %
have you ever received less (39/54)	yes no don't know		10 % 87 % 3 %
have you heard that money has been withheld (‘eaten’) by somebody since 2006 (48/54)	yes no don't know		10 % 73 % 17 %

Note: Numbers in parenthesis give numbers of respondents out of a total of 54 project group pensioners in the survey who answered the question.

## **Security**

There have been no losses or thefts of pension money to date, although as the numbers of pensions rise, the systems for cash transfer may need to be reviewed. Money is withdrawn from the bank prior to pension pay days, and exact amounts of cash for each pensioner on the list is transported to outlying pay points by the staff vehicle or motorbike on distribution days. Only pension attendants in Negenge reported being wary about carrying cash in the community, and this could be an issue in future where local residents are employed as attendants.

## **Vulnerability of older people in a cash transfer programme**

The fraud cases, where pensioners didn't get their pensions or not their full amount, were rare, but they exposed some of the special vulnerabilities of older people when receiving a cash sum. There was no evidence during the survey of further more recent fraud cases. However only 73% of the interviewed stated, that they never had heard, that money was withheld ('eaten') in the last two years. This suggests that some uncertainty about reliable delivery persists:

The following are some general reflections about what makes older people particularly vulnerable in a cash transfer programme:

- It's common for the most vulnerable of the older people to have *little experience of cash*. In the survey 30 per cent stated that they provide of no cash money or less than TSh 1,000 even in a good month. This confirmed observations by the KwaWazee staff at the paypoints that many of the pensioners didn't know the exact value of banknotes.
- *Bad eyesight* is a very common chronic sickness among older people. 'Almost blind' or 'very poor sight' was frequently noted by the enumerators in the questionnaires.

The combination of the two makes older people vulnerable to being cheated by those who deliver the cash as well as by other people such as shop-owners or members of the family. But even with sufficient knowledge of the money and good eye sight older people are at considerable risk of not getting what they are entitled to:

- There is a *disparity of power* between those who decide about the admission and implement the cash transfers and those who receive them. This in conjunction with a higher prevalence of irregularities often found in low income countries. The example of the introduction of free healthcare for older people – and how the exemption policy is implemented – also showed how helpless and fatalistic older people can often be about services to which they are entitled by due right.

*Means-tested social pensions* in contrast to *universal pensions*, are likely to constitute a bigger risk for older people, increasing their vulnerability and exposing them to additional discriminations:

- The officials decide about admission or rejection, which automatically puts them in a strong position.
- A lack of information – as described in this study – about why exactly the older people have been admitted and why exactly they are entitled to which sum (pension + child-benefit) further weakens them.
- Most of the older people do not read and write, which means that they cannot be reached with written information.
- Poverty and dependency may incline an older person to rather accept a reduced pension than to claim it with the risk of being excluded altogether.

A disparity of power and the possibility of misuse are conditions are inherent features of a cash transfer programme.. The management of KwaWazee is aware of this and the fact that the planned increased cooperation with local community leaders and other local persons may also increase the risk of problems.

Transparency and monitoring as ways of protecting the rights of the pensioner can be further improved by, for example, being clearer about eligibility criteria and the safeguards against fraud. Clearly publicised admission, delivery and monitoring procedures all reduce the potential for misuse.

## **5.5 Management of the pension fund**

### **Cost effectiveness**

For a number of reasons administration costs have been extremely low to date. In the early years of the programme the volunteer committee undertook a large proportion of the targeting and delivery in Nshamba and

the communities outside. Later the staff, who were employed for the PPS project, took over the implementation of the pensions as well, but salary costs were not debited to the pensions fund.

Therefore the costs for the implementation can only be estimated. In Table 27 this estimate is based on 50% of all costs for salaries of the PSS-staff and a similar proportion for infrastructure costs. This relatively high proportion at least partly considers hidden costs due to the fact that the initiator and director of the programme doesn't receive a salary for his huge efforts for the pension fund.

Plans for the year 2008 include further staff training and development, increasing levels of community cooperation and data collection – all of which are essential for strengthening the capacity to deliver and manage an increasingly complex programme in an efficient and cost effective way. Structures have been further professionalized. With the appointment of additional staff, a clearer distinction between pensions fund and PSS and an investment in transport means for the remoter areas the costs will be much more realistic. The budget projects the costs for staff, infrastructure, transport and other expenses in the area of between 15 and 20% of costs inclusive the pensions. This would be in line with experiences in other pilots.

**Table 25: Expenditures for pensions and for the implementation 2004 - 2007**

	2004	2005	2006	2007
number of pensions (at the end of the year)	165	305	402	593
number of child-benefits (at the end of the year)	188	397	460	503
<b>expenses in TSh</b>				
pensions and child-benefits	9'108'000	14'741'000	28'344'000	48'812'000
implementation costs (without salaries, rent, etc.)	56'000	319'000	1'188'000	1'526'000
estimated total costs (see paragraph above)			4'500'000	6'800'000
Total costs in TSh (estimate)			<b>32'844'000</b>	<b>55'612'000</b>
proportion of estimated costs for implementation to total costs			13.7 %	12.2 %

### Management and future development

The small staff team deserves recognition for effectively delivering a good quality service to date. Staff turnover has been low but at the same time the programme has developed, and now requires new skills such as monitoring and data collection. Most of the staff were initially recruited for work on the PSS programme and took on new roles as the pension fund grew. A core focus in future is to strengthen the capacity of the staff team to develop and monitor the programme as it grows in size and complexity. The recruitment of staff skilled in particular areas such as accountancy together with training for current staff are planned to address this challenge.

The study highlighted a need to improve transparency and ownership of the fund within the community and among pensioners themselves. Attempts to involve village leaders and representatives have proved to be challenging, but since the study, further meetings have been initiated with leaders to discuss their wider involvement in targeting and to raise awareness of the objectives, eligibility criteria and delivery of the pension fund. The PSS programme has proved successful in developing ownership and supporting the participation of older people in decision making; the expansion of this programme is already underway.

While fairly robust and efficient systems for day to day tracking of pension delivery and expenditure are in place, monitoring of implementation has understandably been rather narrowly focused on checking records with changes in the household situation. While monitoring visits to the community are planned into the work schedule, in practice these occur when time is available and when the need arises. A system of information gathering that could inform the development of the programme as well as its efficiency is now being considered. The gathering of basic information on, for example, numbers of older people, split generation households and numbers of older people living alone would provide a baseline for assessing coverage and future expansion.

## 5.6 Conclusions

When the project started in 2003, there were hardly any lessons learned from other organisations to refer to and many of the policy discussions about cash transfers or social pensions only reached a wider audience in recent years. As described in the Introduction, KwaWazee started 'without blueprints or logframes' but developed by learning from the realities of the people and an attitude of flexibly adapting its methods to these realities.

The project's limited finances were directed more to reaching more older people and children than to strengthen the own organization. Despite this – and thanks to the vision, the experience and the commitment of the coordinator and a very committed team – KwaWazee proved to be very effective, efficient and very flexible to new developments.

KwaWazee is now in a strong position to improve its organizational capacity and to make links with local government and other service providers in order to build its sustainability and prepare for possible expansion. Discussions which took place in the process of this review have contributed to a more focused continuation of the project.

There are a number of possibilities to further improve the targeting of the most vulnerable older people by means testing (see bullets below). However in the context of international policy debates on Social Protection the survey has confirmed some inherent difficulties of implementing a means tested pension in an area of widespread poverty.

Firstly in Nshamba, the main area of operation of the Pension Fund, an estimated 65% of all women above the age of 60% are reached with pensions (see Tables 22, 23). Despite this remarkably high coverage older people and key informants taking part in the study felt strongly that there were many more older persons who would qualify for a pension.

The extremely high percentage of the rural population living in poverty and the even higher vulnerability of older people strengthens the case for a universal pension<sup>19</sup> based on a single age criterion. This would not only facilitate the targeting process and reduce the costs for the administration, but it would also provide greater transparency and encourage community acceptance.

Although a universal pensions scheme may be the objective in the longer run, for the near future KwaWazee will have to continue to implement and to optimize a means tested<sup>20</sup> pension scheme. A few areas were addressed at the KwaWazee board meeting during the presentation of the preliminary results in December 2007:

- *Further clarification of the admission criteria, of coverage targets and of the areas of operation.*

This will not only facilitate the implementation but will also make it easier to communicate the objectives and the functioning of the pension fund to the stakeholders.

Along with the survey a number of relevant statistics or census data were compiled or gathered. They should prove very helpful in the future for strategic decisions like targeting and for monitoring. A focused data-collection should be kept up in the future. Moreover the survey offers baseline-informations for future monitoring.

- *Improvement of transparency and ownership of the Pension Fund* within the community and among pensioners themselves. Most of the key informants in the village had very little or very inaccurate knowledge of the programme. Many of the pensioners themselves couldn't say why they had been selected and why exactly they received a particular sum. A more transparent information policy is essential to improve the knowledge and acceptance of KwaWazee within the communities. Village leaders have occasionally been included in the selection process. A stronger involvement of village representatives and other knowledgeable community members, would improve understanding and acceptance of the targeting and minimize the exclusion error.

- *Local Networking*

There are several NGOs working with vulnerable children in the area. Their knowledge of KwaWazee and their perception of the realities of older people proved rather limited. More information sharing by organizations might strengthen the case for supporting older people and children in skipped generation households.

- *Strengthening of Human Resources*

Increasing growth and complexity of the programme demand more and in some areas more specifically qualified staff. New appointments, more training and capacity building will help to further improve the sustainability of the pilot-programme.

<sup>19</sup> Universal Pension: regular cash income given to all older persons from a certain age regardless of their socio-economic status.

<sup>20</sup> Means Tested Pension: regular cash income for a section of an age group, conditional on the income or other criteria.

## **6. SOCIAL PROTECTION FOR OLDER PEOPLE IN TANZANIA: LESSONS FROM THE KWAWAZEE PROJECT**

**By Flora Kessy<sup>21</sup>**

*“There is no subject of greater importance than the ageing of the population and the provision of social protection for older people. It affects the very nature of our societies and concerns not only older people, but all sections of the population”*  
*(Professor Joseph Stiglitz, 2002)*

### **6.1 Background and rationale**

Social protection has recently become mainstreamed in the development discourse. Although there is some consensus on the key elements of social protection, the term remains unfamiliar to many and carries a range of definitions both in the development studies literature and among policy makers responsible for implementing social protection programmes.

The concept has evolved from narrowly definition that entailed social welfare provided to the vulnerable groups such as widows, orphans and people with disabilities to safety nets or interventions that cushion the poor against production and consumption shocks. The concept was lifted further to a more broad approach that includes education and health subsidies, job creation and micro-credit programs that are aimed to the poor but not necessarily the vulnerable.

A more current and radical definition takes a *promotive and transformative approach* whereby social protection is extended to the arenas such as strengthening production capabilities of the poor and equity (promoting social equity and inclusion), empowerment and economic and social-cultural rights rather than confining the scope of social protection to targeted income and consumption transfers.<sup>22</sup>

Whichever definition we take, the fundamental aspect of social protection is concerned with the ways in which individuals, households, or communities' resilience to adverse events can be strengthened.

The key terms here are risk and vulnerability and how they are linked to social protection. In the situation with no effective social protection for older people, they face several social and economic risks and thus become vulnerable in the sense that the likelihood of being harmed by a given adverse event becomes high.

One of the adverse events that have affected the older people is HIV and AIDS. As a result of HIV and AIDS, there is increased probability of older people to fall below poverty line and for those already under the poverty line to remain in or fall further into poverty. Vulnerability varies among older people according to their capacity to prevent, mitigate or cope with such events but also the capacity of the social security system to protect them.

HIV and AIDS have increased the number of orphans globally and nationally. In Tanzania as in other African countries many grandparents stepped into the care gap left by the deceased parents. Over 50% of children orphaned by the HIV and AIDS pandemic in Tanzania live with their grandparents,<sup>23</sup> who play an important caring role in both looking after them and nursing their chronically ill parents. Thus, support to older people is one entry point in reaching the orphans and most vulnerable groups.

Through the pandemic many older people have lost their “natural” safety nets and family support systems, which otherwise would have cushioned for their old age. These have not been replaced by any other form of institutionalized or informal support.

Recognizing the burden to the older people as a result of HIV and AIDS, the National Strategy for Growth and Reduction of Poverty (MKUKUTA) has underscored the importance of reaching the older people by effective

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<sup>22</sup> Devereux, S and R. Sabates-Wheeler (2004). “Transformative Social Protection,” Institute of Development Studies (IDS), Working Paper 232.

<sup>23</sup> Clark, F and R. Monasch (2004). “Grandparents’ growing role as carers,” Ageing and Development, Issue 16, June 2004.

social protection mechanism. Older people are recognized and specifically targeted as a vulnerable group in the MKUKUTA. Further, the MKUKUTA aims at reaching more orphans and vulnerable children and the households in which they live (older people headed households) through increased support to poor households and communities to care for vulnerable groups targeting older people, orphans, other vulnerable children and people living with HIV and AIDS.

Across Africa there is an increasing discussion on social protection and social transfers as a tool to reduce poverty, to promote growth and to strengthen the social contract between the state and citizens and enhancing social cohesion as noted from the Intergovernmental Regional Conference of March 2006, named “The Livingstone Call for Action.” This Call advocates for social transfer programs, including social pension and social transfers to vulnerable children, older people and people with disabilities and households to be a more utilized policy option in African countries. The topic of the grandparents has gained a greater audience in the recent past, partly due to increased general discussion on social protection and cash transfers in particular as an efficient and effective tool for enhancing livelihoods of vulnerable groups of the population.

The KwaWazee programme in Kagera in Tanzania is one of the fragmented efforts towards addressing the challenges faced by the older people in managing their own welfare and of those they provide care to. The Programme intends to support older people and orphaned grandchildren in order to mitigate the effects of the loss of the middle generation. This paper draws lessons from the KwaWazee Project on the perception of such projects by the local authority, the relationship between the programme and other social protection and service providers at the local level, and the relevance of such projects to the Tanzanian social protection roadmap.

The paper also provides a review of the social protection experiences regionally and nationally and stakeholders involved in social protection area in Tanzania. Data and information presented in this paper are drawn from the literature and interviews with the national and local government authority officials and few Non-Governmental Organizations implementing programmes aimed at addressing the needs of older people.

## 6.2 Social Protection for the older people: What lessons are learnt from the region?

Globally, the population is ageing and the number and proportion of older people is increasing. In Sub-Saharan Africa, the number of people aged 60 and over will more than double in the next 30 years, despite the impact of HIV and AIDS on life expectancy at birth.<sup>24</sup> By 2050, nearly one in four people in Asia and Latin America and more than one in ten in sub-Saharan Africa will be over 60.

In Tanzania, the proportion of the population aged over 60 is expected to rise from 5% in 2006 to 11% in 2050, thereby increasing the significance of the ageing population.<sup>25</sup> Older people disproportionately experience poverty due to lack of income security, inadequate family or social support and poor health associated with ageing and difficulties in accessing health care<sup>26</sup>. As population ageing accelerates, the number of older people living in poverty and those who depend on them is likely to increase.

Ageing also has an important gender dimension. Universally, women tend to live longer than men. Globally, the number of widows and older never-married women is rising rapidly in most parts of the world. The highest growth rate of any age group will be among those aged 80 and over, who are mostly women.

Despite often being regarded as a crisis which increases the burden of older people, population ageing should be seen as a significant achievement. Rising life expectancy is a key indicator of progress in human development. The challenge is to ensure that population ageing brings real gains for all older people, in terms of material wellbeing, health and personal security. The problem is not that *there are too many older people, but that too many older people spend their lives in poverty and ill-health*.<sup>27</sup> Realizing this, few countries in Sub-Saharan Africa have devised social protection interventions for the older people though few have had sustainable social protection mechanisms/frameworks that have been documented.

Before embarking on the lessons drawn from the region as far as providing social security for the older people is concerned, we provide definitions of two social security safety nets that are relevant to the older people.

### Contributory vs Non-contributory Safety Nets

The World Bank Social Protection Sector defines social safety nets, also called social assistance or social welfare programmes as “non-contributory transfer programmes targeted to the poor or those vulnerable to poverty and

<sup>24</sup> Lutz, W et al., (2001). “The end of world population growth,” *Nature* 412, 2001.

<sup>25</sup> UNDESA, Population Ageing 2006, Wall chart, available at <http://www.un.org/esa/population/publications/ageing/ageing2006.htm>

<sup>26</sup> Chronic Poverty Research Centre (2004). “The Chronic Poverty Report 2004 – 05”, Chronic Poverty Research Centre.

<sup>27</sup> Help Age International (2004). “Age and Security: How Social Pensions can Deliver Effective Aid to Poor Older People and their Families.” A Help Age International Report written by Mark Gorman.

shocks.” Such programmes are distinguished from contributory transfer programmes which are typically linked to employment. These are non-contributory, regular and predictable grants to households or individuals, and are meant to fill the needs gap when households either fail, or are unable to manage their own risk through private or public contributory schemes. They may be in form of cash, in-kind transfers, vouchers or even public works programmes.

Cash transfers as a non-contributory safety net can take the form of income support, child grants, disability benefits, scholarships and stipends<sup>28</sup> or non-contributory pensions to older people. Apart from these *formal transfers* the literature has underscored the fact that poor often rely on *informal safety nets* operating in their livelihood systems. Such nets may include inter-household transfers such as AIDS orphans going to stay with relatives in most cases grandparents.<sup>29</sup>

Cash transfers can be an effective way of targeting resources to the older people and the poorest and socially excluded and thus facilitating access to basic livelihood necessities. A non-contributory (or social) pension has been documented as being simple, often very cost-effective scheme because it is targeted at a universally identifiable group without the costly administrative problems of means testing. Old age is “a very good way of targeting cash transfers”<sup>30</sup> since it is fair, transparent and based on criteria that is clearly understandable.

### **Social Pension: Some Experiences from Sub-Saharan Africa<sup>31</sup>**

Botswana, Mauritius, Namibia, Senegal and South Africa all operate large-scale social pension systems. The South African and Senegalese schemes are means tested, whereas those in Botswana, Mauritius and Namibia are universal. The South African scheme, introduced in 1928 for white and coloured South Africans who lacked an occupational pension, was broadened in 1944 to cover all South Africans. The scheme currently provides 740 Rand a month (US\$105) to men aged 65 and over and women aged 60 and over. In practice, the scheme is almost universal, as the majority of the older black population qualify. In 2002 there were an estimated 1.9 million recipients.

The newly independent government of Namibia introduced a National Pension Fund in 1992. The current social pension provides a flat rate (\$30) non-contributory pension to all Namibians over 60 years old. By 2001, the scheme had reached 96,767 direct beneficiaries (from a total of 105,000 people over the age of 60). Botswana’s universal non-contributory old age pension scheme was launched in 1996. It is targeted to all citizens over the age of 65. The scheme has 80,000 direct beneficiaries, reaches between 65-74% of the target group and has benefited an estimated 42% of the total population. The value of the monthly transfer is \$27. Mozambique operates a cash-transfer system targeting about 70,000 urban households headed by older, chronically sick or disabled people, with an annual budget of approximately US\$6 million.

In Lesotho, a universal non-contributory pension came into operation as recently as November 2004. This entitles all citizens over 70 years of age to \$25 per month. Although the high age criterion could be seen as barrier to the pension potential impact on poor households and older people in Lesotho, there are unexpectedly high number of eligible recipients. By May 2005, the pension was reaching 69,046 direct beneficiaries.

The Kalomo cash transfer scheme in Zambia provides a total of \$6 to \$8 per month per household to the poorest 10% of the population most of which are older people. The poorest households are identified by village committees, with guidance from the central government on the selection criteria to be used. They are mainly headed by older people and women looking after children; 57% of the beneficiaries are children, and 70% of those children are orphans. The pilot project covers around 1,000 households. Such a programme scaled up to a national level would costs less than \$20 million in Zambia which is 0.3% of GDP and less than 1% of the 2005 total government budget.<sup>32</sup>

The same programme in Burkina Faso, Cameroon, Ethiopia, Guinea, Kenya, Senegal, and Tanzania would cost not more than 0.5% of GDP for all except Tanzania and Ethiopia which would cost about 3.0% and 3.1%

<sup>28</sup> DFID (2006). “Using Social Transfers to Improve Human Development.” Social Protection Briefing Note Series, No 3, February, 2006.

<sup>29</sup> Pauw, K and L. Mncube (2007), “Expanding the Social Security net in South Africa: Opportunities, Challenges and Constraints,” Country Study, Cash Transfer Research Programme, International Poverty Centre, United Nations Development Programmes

<sup>30</sup> Nick Barr, Professor of Public Economics, London School of Economics, speaking at a seminar on “Population Ageing and Development – New Strategies for Social Protection”, Washington, Oct 2002, report published by Help Age International, IPD and the National Academy of Social Insurance.

<sup>31</sup> Save the Children, Help Age International and Institute of Development Studies (2005), “Making the Cash Count: Lessons from cash transfer in east and southern Africa for supporting the most vulnerable children and households,” provides excellent cases and evidence on varieties and outcomes of cash transfer programmes in the African region.

<sup>32</sup> DFID (2005), “Social Transfers and Chronic Poverty: Emerging Evidence and the Challenge Ahead,” A DFID Practice Paper.

respectively.<sup>33</sup> It is cautioned that the Zambia pilot is used purely as an example but in reality, appropriate level of any transfer, the size of the target groups, and the type of programme implemented will depend on the local conditions and available resources. Wealthier countries like Cameroon, Guinea and Senegal might if they were to implement social transfer programmes choose a level of transfer significantly higher than in other countries. Estimates show that a universal, that is, non-means tested social pension paid at \$15 per month to individuals who are over 65 or have a disability would cost less than 1% of GDP in all seven countries studied (Burkina Faso, Cameroon, Ethiopia, Guinea, Kenya, Senegal, and Tanzania) and in most no more than 0.5% of GDP.<sup>34</sup>

Given the scarce resource base in poor countries, aid could be used to pay for social transfers. In terms of affordability, for example, a national programme in Zambia transferring \$15 per month per household to the poorest 10% of the population would cost just 3% of the \$560 million in aid that the country received in 2003. The same national programme would cost less than 5% of aid flows for all countries in the ILO study except Kenya (the higher proportion for Kenya is mainly a result of lower aid flow per capita). The annual cost of Zambia style programme for all low-income countries in Sub Saharan Africa is estimated at \$760 million. This is just 3% of the agreed \$25 billion increase in aid to Africa agreed at Gleneagles. The major challenge is however with regards to sustainability of aid flow.

The fact that only few countries in Sub-Saharan African have instituted large social pension schemes to the older people<sup>35</sup> has been attributed to the cost of such schemes. However, evidence from countries that are already implementing large-scale social pension schemes indicates that the overall cost of these schemes, in terms of Gross Domestic Product is relatively low (Table 26). Nevertheless, as Prof Barr pointed out “macro stability is important; social protection is important; social protection that blows the budget will be ineffective but a budget that is so stringent that it doesn’t allow social protection is self-defeating.”<sup>36</sup>

In Namibia, the social pension programme costs less than 2% of GDP. South Africa’s scheme, funded through general taxation represented 1.4% of GDP in 2000. The Mozambique targeted programme was estimated to cost US\$13 million in 2005, or 1.4% of the government budget.

**Table 26: Pensions as Percentage of GDP**

Country	Botswana	Mauritius	Namibia	Lesotho	South Africa
1. Type of scheme	Universal	Universal	Universal	Universal	means tested
2. Age of eligibility	65+	60+	60+	70+	65+ for men 60+ for women
3. % of population aged 65+	5	9	6	-	6
4. Monthly pension (US\$)	27	58	30	25	93
5. Pension as % of GDP	0.4	2.0	0.7	-	1.4
6. Number of beneficiaries	-	-	-	69'046	

Sources: Help Age International (2004); Save the Children et al. (2005).<sup>37</sup>

As Table 28 shows, any developing country government that is planning to introduce a social pension scheme faces the challenge of mobilising resources of around 1-2% of GDP. Given multiple demands on limited resources, it may be best to start by offering a minimal pension to very older people. Experience has shown that governments are able to introduce national schemes with a high age entry point and then reduce the age criteria once an effective administrative system has been established. For example, the government of Lesotho introduced a universal non-contributory pension for all those over 70 in 2004 with the intention of reducing the age to 65 over time.

Targeting versus universal coverage of all older people based on cut off age has also been debated in the literature. The debate is based on the cost of administering the schemes. The cost of delivering universal benefits, even at very low levels, is often assumed to be beyond the means of resource-poor countries. However, evidence from a number of countries shows administration to account for a low proportion of costs. In Botswana and Mauritius, for example, administration accounts for 2-3% of benefit payments. The experience of existing schemes demonstrates that universal provision of social pensions to older people is administratively simpler and less expensive than means-tested provision.

<sup>33</sup> Ibid

<sup>34</sup> ILO (2004), “Can Low Income Countries Afford Basic Social Protection?

<sup>35</sup> It is however worth noting that the prevalence of social pension schemes targeting the older people might be understated because there are in country localized social pension schemes which are not widely documented like the KwaWazee Programme. In most cases, the schemes that are widely documented are the large national schemes.

<sup>36</sup> See Help Age International (2004). “Age and Security: How social pensions can deliver effective aid to poor older people and their families,” Help Age International Report written by Mark Gorman.

<sup>37</sup> See Save the Children, Help Age International, and Institute of Development Studies (2005). Making the Cash Count: Lessons from cash transfer in east and southern Africa for supporting the most vulnerable children and households.

## Social and Economic Benefits of Social Pensions

Several social and economic benefits accruing from the social pension have been documented. In Namibia, pensioners spend 13.8% of the cash they receive on health care and medicines. A study in South Africa found that older people who received social pensions had a significantly better health status than other family members, when the household did not pool their resources. When they pooled their income, the health status of all family members was higher than in households that did not contain a pensioner.<sup>38</sup> Early findings from the Kalomo cash transfer pilot scheme in Zambia indicate that a payment of \$6 per month to the poorest 10% of households has a marked impact on households reporting an increase in daily food consumption and an 8% decrease in the proportion of underweight children.<sup>39</sup>

Pensions also have direct benefits across families and communities, tackling the intergenerational nature of poverty. For example, in South Africa, pensions reach 1.9 million older people at a cost of 1.4 GDP. A pensioner in the family reduces a household's probability of being vulnerable and poor by 12.5%<sup>40</sup>.

But it is not only the older people who benefit. Research shows that older people spend their pensions on income generating activities and on the health and education of their dependents. In households in South Africa that pool their income, the health of all the family improves when a member of the household receives a pension<sup>41</sup>. School attendance of the orphans in the older people's care also improves. Another study using data from South Africa shows that having a pensioner in the family reduces a household's probability of becoming poor by 11% and reduces the number of people living below the poverty line by 5% or by 2.24 million people.<sup>42</sup>

## Social Protection and Poverty Reduction

It is increasingly recognized that basic social protection is also an essential instrument of poverty reduction in low-income countries. Growth is a prerequisite for poverty reduction but growth alone is not enough to reduce poverty, and some redistribution is necessary to ensure equitable and sustainable development. Vulnerable groups often are not able to benefit from economic growth and move out of poverty solely on their own efforts. Moreover, lower inequality is associated with higher economic growth and subsequent poverty reduction effects (Ravallion, 1997).<sup>43</sup> Further, social cash transfers are also effective and efficient in supporting households that are not able to generate sufficient income to access social services such as health, education, and other social services. Based on clear entitlements, social cash transfers offer a reliable safety net for poor households. They provide short-term poverty relief and aim to reduce structural poverty in the long run. It is critical to break the vicious circle of poverty and to prevent its transmission from one generation to the next.

Gassmann and Behrendt (2006)<sup>44</sup> have modelled and estimated the magnitude of poverty reduced by provision of effective social protection in Tanzania and Senegal. In Tanzania, the universal old-age pension is estimated to come at a cost of 1.1% of GDP in 2006 values while the costs of a universal child benefit for school-age children and orphans is estimated at 2.1% of GDP. The total cost of a combination of these benefits would require 3.2% of GDP and lead to a reduction of the food poverty gap by two thirds. The size of the simulated benefit (70% of the food poverty line) should be sufficient to lift the older people out of poverty taking into account that the average poverty gap of the older people is 5.6% of the food poverty line and 12.4% with respect to the basic needs poverty. Accordingly, the basic pension would contribute to overall household resources and shared with other household members.

The same authors further show that in Tanzania, a universal old-age pension would cut poverty rates by 9% with a considerably stronger effect—36% for older men and women and 24% for individuals living in households with older people family members. A more balanced effect would be achieved by a child benefit for school-age children, which would result in a cut in poverty rates of about 30%.

<sup>38</sup> Ibid, DFID (2006). "Using Social Transfers to Improve Human Development." Social Protection Briefing Note Series, No 3, February, 2006.

<sup>39</sup> Government of Zambia, (2005), "Pilot Social Cash Transfer Scheme, Kalomo District, Zambia," First Monitoring Report, Ministry of Community Development and Social Services, Zambia.

<sup>40</sup> Barrientos, A (2005). "Non-contributory pensions and poverty reduction in Brazil and South Africa," January 2005

<sup>41</sup> Case, A and Wilson, F (2000). 'Health and wellbeing in South Africa: evidence from the Langeberg survey,' unpublished report, Princeton University.

<sup>42</sup> Case, A and A. Deaton (1998). "Large Scale Transfers to the Elderly in South Africa," *Economic Journal*, vol. 108, No 450, pp 1261-1330

<sup>43</sup> Ravallion, M., 1997: "Can High-Inequality Countries Escape Absolute Poverty?"

Economics Letters, 56, pp. 51-57.

<sup>44</sup> Gassmann, F and C. Behrendt (2006), "Cash Benefits in Low-income Countries: Simulating the Effects on Poverty Reduction for Senegal and Tanzania," Issues in Social Protection, Discussion Paper 15, ILO Publication.

The combination of these two benefits would achieve a reduction in poverty rates of 35% with even more substantial effects for individuals living in households with children and older people(a drop of 46%), which face the highest poverty risk.

### **6.3 Stakeholders involved in Social Protection in Tanzania**

This section provides an overview of main areas of social protection currently operating in Tanzania and that have direct relevance to the welfare of the older people. There are four major areas of social protection in Tanzania.<sup>45</sup> These include:

- Food Aid: The main actors in this area are the Prime Minister's Office (Disaster Management Department) and the World Food Programme, although local government and Non Governmental Organizations (NGOs) are actively involved in implementation;
- Active labour market programmes—the main one being the Public Works component of the Tanzania Social Action Fund (TASAF);
- Savings and insurance including pension funds and programmes that support access to savings mechanisms; and
- Social welfare programmes undertaken by government, religious organisations, NGOs and Community Based Organizations (CBOs).

It is not the intention of this paper to discuss all the social protection areas, but the two most relevant to the older people in Tanzania are considered.

#### **Insurance**

The total labour force of Tanzania is estimated at 15.5 million. Of those employed, approximately 81% are engaged in the agricultural sector and some 2% are within the public sector,<sup>46</sup> a proportion that has been decreasing since 1993. Coverage of formal social security systems is low: one estimate shows that 5% of the working population is contributing to formal social security<sup>47</sup> while the Household Budget Survey 2001/02 found around one percent of households reporting making these contributions.

The types of formal insurance available include old age and disability insurance, workman's compensation, and health insurance. There are no formal unemployment insurance schemes in the country. With the majority of the workforce being in the informal sector, there are few opportunities for the self-employed to be insured.

There are six different formal retirement and disability insurance schemes in Tanzania:

- National Social Security Fund (NSSF)
- Local Authorities Provident Fund (LAPF)
- Parastatal Pension Fund (PPF)
- Public Service Pension Fund (PSPF)
- Government Employees Provident Fund (GEPF), and
- Politician's Pension Fund.

Each scheme is based on contribution of 20% of the wage with the division being either an equal division of 10% each for the employer and employee or 15% for the employer and 5% for the employee. Each of the Funds caters to a defined employer group that is mandated to register its members. There is some room within the definition of eligibility for employers to choose which fund to contribute to, leading to competition between the funds for members. NSSF, LAPF, and PPF are also open for voluntarily membership, with the full contribution being made by the employee, although only if the person is regularly employed or part of an “association.”

Because most Tanzanians are not formally employed, these schemes have benefited very few older people. For example

- The beneficiaries under the NSSF Old Age Pension in 2003/3004 were only 935.
- The Local Authorities Provident Fund (LAPF) which is open to the employees of local government and local government loans bodies had around 42,000 members and 114 different employer organisations by the end of 2003.

<sup>45</sup> This section draws heavily from REPOA (2004). “Social Protection: Assuring a Minimum Income for the Poorest,” A Report Commissioned by Research and Analysis Work Group.

<sup>46</sup> National Bureau of Statistics (2002), Household Budget Survey 2000/01 Dar es Salaam.

<sup>47</sup> van Ginneken, W. (1999), “Extending Social Security: Policies for Developing Countries,” Geneva, International Labour Office.

- The Parastatal Pension Fund (PPF) was established in 1978 and the Fund provides pensions to those employed with Parastatal organisations with the option to also accept the private sector, self-employed and others. PPF had about 300 contributing employers in 2004 and some 72,755 individual members.
- Public Service Pension Fund and Government Employees Provident Fund: These two funds are closely linked. The GEPF reports 17,000 members; it is for government employees who are not pensionable or permanent. An example is a police officer who must be in the police service for twelve years before becoming a permanent employee. During the 12 years this person would be covered by GEPF, after which s/he would be a member of the PSPF. Once a person is eligible for PSPF the contributions are transferred to the PSPF. The PSPF serves all permanent and pensionable government employees employed in Tanzania and employees of executive agencies. It reports 207,845 members in 2000/01.

## **Welfare**

Financial and in-kind grant support is provided by both government and non-governmental organisations.

Government social welfare programmes used to be within the Ministry of Labour, Youth Development and Sports, Department of Social Welfare (DSW) but the department has been moved to the Ministry of Health and Social Welfare.<sup>48</sup> International and local Non-governmental Organisations and Community-Based Organisations (CBOs) also provide support directly or channelled through the government. For non-public sector organisations this is generally in-kind support, with the material provided being an integral part of the organisations overall programming.

Regional and district government administrations are encouraged to mobilize support by facilitating connections between the potential beneficiaries and the NGOs.

The 2001/02 Household Budget Survey suggests that social assistance grants were the most common form of formal assistance received, and both poor and non-poor households have benefited from these payments (Table 27). Households that received assistance from these sources reported receiving an average of around TShs 2,800 per month in social assistance payments. What these findings are portraying in that little is provided as social assistance to households and as a corollary the older people.

**Table 27: Percentage of households reporting to receive formal welfare and benefits**

	<b>Non poor (%)</b>	<b>Poor (%)</b>	<b>Total (%)</b>
Accident, injury, sickness, disability benefits	0.6	0.9	0.7
Family allowances from employer	0.6	0.2	0.5
Social assistance grants	4.0	3.0	3.7
Pension schemes	0.2	0.1	0.2

Source: REPOA (2004).

The Social Welfare Department also offer some form of social assistance but due to scarcity of funds the programmes are not publicly promoted. The provided support include; provision of direct services, for instance, seed money to start small income generating activities to people with disabilities and older persons' families; provision of revolving loans (soft loans); running of vocational training centres for disabled persons; resettlement, care and maintenance for disabled persons and older persons in homes; provision of technical devices to disabled persons; and coordination of association of disabled person.

Locally the Regional and District Social Welfare Offices may also access support from other organisations. The role of the social welfare office is in facilitating the connection with other organisations, and it also follows-up to ensure the goods are actually received.

Both government and non-governmental organisations provide a range of social services directly to vulnerable groups. The government runs 17 long-term care facilities for the older people and disabled, 5 remand homes, 1 childrens' home and various training centres through the DSW.

There are more than 2,000 NGOs registered in Tanzania. Although there are no consolidated records of the extent of income transfers provided by these organisations, it appears that the support is often provided in kind and it is directly linked to their programmes. For example, *Chama cha Walemvu Tanzania* (CHAWATA) aims to support persons with disability to be more independent. As part of its projects, therefore, it provides support to income generation activities (welding, handicraft) carried out by persons with disabilities. For the majority of NGOs funding is from external donors. The NGOs often coordinate with the DSW at both local and national levels.

<sup>48</sup> However, it is likely that some other ministries have small welfare programmes that are not widely documented.

Save the Children has introduced cash transfer scheme to the older people carers in Lindi Region. The scheme started with 20 poorest households in three villages (60 households in total) but the aim is to build to 50 household in a village. Based on household economic assessment data, the scheme started with the poorest 10% households with most vulnerable children. The criteria used is high dependency ratio, low income, and low labour availability. The scheme transfers TShs 6,000 monthly to the household with additional TShs 3,000 for every vulnerable child living in the household. Save the Children plans to scale up to 40 villages in Lindi over 4-5 years, depending on getting government support and structure to support the scheme.

For faith based organisations direct assistance to the poor is often within their guiding principles. Funding may be external, or internally generated. For example, CARITAS Tanzania supports 120 orphans and 570 persons with disabilities with school fees and material needs, while the Catholic Church itself supports 1,116 orphans and 1,697 persons with disabilities. BAKWATA provides grants to single women who have no income source, with applications made directly through the local mosque. Numerous other organisations supply in-kind goods such as agricultural supplies, clothing, school supplies, medicine etc. Much of this type of support takes place at a local level and there is no consolidated information available on its extent.

It is worth noting that although most NGOs are not registered as social protection service providers (based on any definition), their interventions directly or indirectly contribute to social protection of the intended beneficiaries and sometimes there is spillover to other groups of the population.

Tanzania Social Action Fund (TASAF) is financed by the government and a soft loan from World Bank. The main objective of TASAF is to increase and enhance the capacity of communities and stakeholders to prioritize, implement and manage sustainable development initiatives and in the process to improve socio-economic services and opportunities. In institutional terms, TASAF sits outside the main Ministry structures, and is operated by its own project staff overseen by a National Steering Committee. Its Executive Director has links to a Liaison Officer in the President's Office and to a focal point in Prime Minister's Office-Regional Administration and Local Government (PMO-RALG), given the central role of District and local Government. Focal points also exist in the other sectoral Ministries. By creating a structure which sits outside the main Ministry structures, there is an inferred acknowledgement that TASAF is a mechanism which is to be used for disbursing finance rather than to build sustainable institutional capacity at the central Government level.

TASAF reaches vulnerable groups through Public Works Programme (PWP) and Social Support Programme (SSP). The PWP component of TASAF is a safety net initiative seeking to provide temporary wage employment to the members of the poorest targeted households in the communities. Widows, unemployed youth, people living with HIV and AIDS and people participate in PWP and earn an income. For older people who are disable and unable to work, the support is channelled through their care takers, that is, their care taker are given priority in PWP.

The Social Support Programme (SSP) "supports vulnerable and marginalized groups by funding initiatives to improve their standard of living that are implemented in collaboration with relevant agencies (NGOs, CBOs) who are capable of supporting such groups." Communities are required to pair up with these organisations to apply for resources to fund priority activities such as HIV and AIDS awareness and support for the vulnerable. Whilst the initial focus of support was on those affected by HIV and AIDS, the reach of the pilot programme was subsequently expanded to a total of 2,715 direct beneficiaries including orphans, widows, the older people and the those with disabilities.

TASAF is also piloting a conditional cash transfer in three districts—Bagamoyo, Kibaha, and Dodoma Rural. The condition is pegged on sending children to school and project outcomes will be measured using education indicators such as school attendance and school drop out rates.

## 6.4 Lessons learnt from the KwaWazee programme

### Background on the programme

The KwaWazee Programme in Kagera was initiated to address the challenges faced by the older people in managing their own welfare and of those they provide care to. The Programme intends to support older people and orphaned grandchildren in order to mitigate the effects of the loss of the middle generation. The programme has two main components

The Pension Fund Programme: The programme started at the end of 2003 and it responded to the needs of grannies and grandchildren by providing economic support. Grannies in five areas—Nshamba and neighbouring villages of Ngenge, Mubunda, Kishanda and Bugangazi get monthly small pension for themselves (TShs 6000) and for the grandchildren they support (TShs 3000 each). By September 2007, 560 grannies and 502 children

had received support (for more detailed informations see chapters 1 and 5).

The Psychosocial Support (PSS) Pilot Programme for grandparents and grandchildren: This pilot programme started at the end of 2005. Twice per month grannies and grandchildren meet separately to discuss issues such as daily life, health issues and specific stress factors emanating from the fact, that older people have been forced to accept new roles of principal caretakers for children who have lost their parents. These regular meetings tie a social fabric among grannies and among children and help to improve the relationship among them.

The KwaWazee programme is not a universal programme but a programme targeted to older women who meet certain agreed criteria. Grannies are selected based on several vulnerability factors for instance age, lack of relatives who provide regular remittance, lack of land to farm etc.

### **Perceptions of the programme by the local government authorities**

Interviews with local government authority at Muleba District Council reveal little recognition of the programme. The programme does not appear to have been designed as part of a national comprehensive social protection strategy or the district comprehensive planning. The programme was only known by few officers at the social welfare section and this is so because one of the officers happened to be the chair of the KwaWazee Programme Board.

The programme had a stronger link with the office of the District Commissioner, where officials sometimes cite it in meetings as an example of best practice in strengthening social protection for older people.

But while politically the programme is recognized, technically it has received negligible attention and it has not been integrated in the Council Comprehensive Plan.

Experiences show that other social protection programmes for older people such as those implemented by Help Age International (HAI) and Save the Children have stronger interface with the local government authority. Help Age International is rolling out a national programme on mainstreaming ageing in the district plans. They work with the district to work out areas of concern for older people and set targets and interventions to achieve these targets. The whole process is guided by the National Ageing Policy of 2003<sup>49</sup> and MKUKUTA.

Save the Children is also implementing a pilot programme on social transfer for poor household taking care of most vulnerable children with the aim of improving the nutritional, health and education status of these children.

HelpAge International is also working in Dodoma and Arusha in assisting the older people to obtain identification cards from district authorities to enable them to access health facilities without cost.

Thus, the entry point for all programmes related to social protection for older people should be the local government authority. Working together, the local government authority could include such activities in their district comprehensive plans by indicating interventions and budget allocations. A proper district comprehensive plan should also include activities and resources to be expended by non-government organizations.

### **The links between the programme and other social service providers**

We further explored the relationship between the Programme and social services providers (providers that provide social services that in one way or another contribute to the achievement of the goals of the Programme). There was no evidence of any forged interface between the programme and other social protection mechanisms at the local level. A clear example is the health sector which is supposed to implement the exemption policy. No exemption is provided to the older people neither at hospital nor dispensary. As clearly pointed out in previous chapters of this report, major obstacle for older people in accessing care is lack of money. Lack of money for medication or for treatment is just one thing. Very often other costs such as cost for the transport on a motorbike not to mention on a taxi exceed their financial possibilities. This is vivid from the transcripts of the interviewed older people when evaluating the KwaWazee Programme:

*I've been to the hospital four times this year. I walk slowly as I don't have money to pay for a car. If you paid for the fare you wouldn't be able to pay for the medicine. I walk, thinking that I could die on the way. It takes four hours – I leave home at 7 am and get there at 11 am and the same on the way back," (Respondent from the Control group).*

*If we go to the hospital for treatment we wouldn't get any loan for the service like the one we get in the shops. You go to a friend and borrow and pay back when you get the money. If you don't get a loan from friends you sometimes just have to sleep in your house," (Respondent in the Psychosocial Support Group).*

<sup>49</sup> National Ageing Policy (2003), Ministry of Labor, Youth Development and Sports.

*Even if you go to the dispensary there is no free treatment. You have to beg someone to get some small money for the dispensary. Look at my fingers. [They are blackened and swollen]. It is not that I don't wash my hands it is because my fingers are painful," (Respondent from Control group).*

No evidence was observed on the interface with the education sector either. The supported older people sometimes had to pay for some school provisions for their grandchildren for example buying school uniforms. When asked what they would use the pension for, grannies in the control group lamented;

*I will buy school uniform and shoes. My grandchildren were chased from school because they had no uniform. I couldn't help it – I had no way to do it;" "This also happened sometimes to my boy – he was always crying. He felt better to miss school;" "Mine is in kindergarten. They sent him back from school because he has no shoes. Sometimes they want him to shave his head but I have no money to take him to the hair cutting salon. One day I did what I could with the shoes and uniform but he has no socks" (Respondents in Control group).*

There are several orphans/HIV and AIDS based organizations operating in the district. Examples include HUYAWA (*Huduma ya Watoto*) a locally based NGO, the Church through an organization named KAKAU (*Kanisa Katoliki na Ukimwi*), Walio Katika Mapambano na Ukimwi (WAMATA), HUMULIZA, and World Vision. Supports provided by these organizations mostly include food (mainly grain), clothing including school uniforms, exercise books and writing materials for schooling children. Some also provide bedding materials (blankets). However, no clear links between these organizations and the Programme was evident although somehow some youth under the PSS groups are also benefiting from HUMULIZA.

### **Impacts and sustainability of the programme**

The project has social and economic impacts as presented in detail in the previous chapters of this report. In a brief note, the pensions had empowered older people by

- Increasing their household food security and nutritional intake (increased ability of the households to vary household food intake). This is particularly important for older people who are taking care of the orphans. Carers recognized the link between nutrition and the children's ability to participate at school.
- Improving sanitation as portrayed by the ability to buy soap. The ability to purchase soap was mentioned by the pensioners as one of the most important factors in the well being and self esteem for the older people and the orphans.
- Enhancing access to health care: Pension is important to pay for the transport cost to accessing health care but also to pay for health services at the hospital and dispensary.
- Facilitating educational access and achievement of orphaned and vulnerable children in the care of grandparents.



Although the impact of the programme as perceived by the beneficiaries is high, the sustainability of the programme is a challenge. This is because the pension scheme just like other cash transfer schemes in Tanzania operates as a small localized “patchwork quilt” scheme which has not been integrated into the district plans. As learned from the experiences from other countries in the region, scaling up and sustainability of such programmes is possible with the government commitment. The Muleba District Council has indicated the need to support vulnerable groups in the district by for instance providing shelters (constructing houses).

The KwaWazee evaluation findings will be an eye opener for the government and other stakeholders wishing to implement such programme, a fact which calls for wide dissemination of the project findings.

## **6.5 Policy context for social protection of older people: What are the gaps?**

### **Policy mandate**

The Ageing Policy of 2003 has provided the mandate for various stakeholders to partake in needs assessment for the older people and provide care and protection for older people in the community and institutions. The stakeholders include central and local government, voluntary agencies including non-governmental faith based and community based organizations and the families/villages/communities where these people live. Additionally, social protection is emphasized in MKUKUTA as one of the measures in reducing poverty and vulnerability.

Commonly used poverty measures show that a substantial proportion of the Tanzanian population is poor. It was estimated in 2001 that the proportion of those living below the basic needs poverty and food poverty lines were 36% and 19% respectively and that 7% were extremely vulnerable. Thus, within the vulnerability context, social pensions are seen as an effective means to implement one of the most fundamental objectives of MKUKUTA, the distinct reduction of people living below the food poverty line and below the basic needs poverty line the older people inclusive. MKUKUTA has provided an entry point for providing social protection for older people in Tanzania. It is pointed out in MKUKUTA that 40% of older people are eligible for effective social protection measures by 2010.<sup>50</sup>

### **The National Multisectoral Social Protection Framework**

Tanzania is currently drafting the Social Protection Framework (SPF) which will guide the implementation of social protection interventions in the country. The framework is informed by various policies ranging from agricultural related policies to employment, and social sectors related policies.<sup>51</sup> The latest draft is the third draft of March 2008. Given the wide spread poverty (generalized insecurity) the framework focuses both on how to reduce the poverty among the insecure population by providing promotive social protection but also on how to protect the vulnerable groups including orphans and most vulnerable children and the older people. In particular the Social Protection Framework focuses on: generalized insecurity; extremely vulnerable groups; economic development; and coordination and monitoring. However, in order to achieve the intended objectives in the focus areas, the SPF priority interventions are within the ambit of: labor market, employment and micro-area based interventions; social insurance and assistance; care and protection from abuse; essential social services; income and assets of the poor; participation in decision making; and information, knowledge and skills. The sections below provide guidance on types of strategies required in order to have proper targeting of the interventions.

#### **a) Social protection for generally insecure population**

Under the generalized insecurity, communities will be empowered through various mechanisms in line with their own priorities and needs. This facilitates creation of local skills and improvement through learning by doing. Enabling communities to access information that is relevant, timely and presented in a form that can be understood, participation of communities including the poor, fostering accountability and enhancing local organizational capacity are the key elements of community empowerment to address generalized insecurity.

Particular strategies include:

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<sup>50</sup> National Strategy for Growth and Reduction of Poverty (MKUKUTA) [2005], page 26, operational target 4.3.

<sup>51</sup> For detailed analysis of social protection policies in Tanzania. See Wylde, E, and L. Rutasitara (2007). “Understanding social protection policies in Tanzania,” Background paper for Social Protection Framework drafting.

- (i) Formulation of a comprehensive social protection policy and assessing the feasibility of basic minimum income guarantees for specific groups in the society.
- (ii) Establishing and maintaining a data base of disadvantaged groups deserving social protection through insurance/assistance in the areas of inheritance and land ownership, education, health, water and sanitation, guidance and counselling, microfinance, food security and nutrition.
- (iii) Extending coverage of contributory social insurance programmes wherever feasible (e.g. to include informal sector operators)
- (iv) Establishing and extending the range of social insurance schemes and programmes, covering various disadvantaged groups in both urban and rural population.
- (v) Capacity building of key social protection, insurance, and assistance providers, including communities. In particular, develop a system of affordable access to health care by enhancing national health insurance coverage, community-based schemes and funds, and other related initiatives to achieve universal coverage.
- (vi) Linking various cash and in-kind transfer programmes with other policies aimed at enhancing equity and access to education, health, land rights, water and sanitation (conditional transfer).
- (vii) Integrate social protection, employment, and income generating focusing on rural agriculture.

**b) Social protection for (extremely) vulnerable groups**

The Social Protection Framework prioritizes the needs of the less economically active households/individuals and those who are unable to sufficiently address shocks or risks associated with poverty and vulnerability. These groups include children and youth, women, people with disabilities, the older people and People Living with HIV and AIDS (PLHAs). The framework aims at taking measures to protect and ensure that the targets set in MKUKUTA for extremely vulnerable groups are achieved. The long-term objective is to ensure that all those in need of social protection are reached. Specific strategies include:

*Orphans and Vulnerable Children*

- (i) Develop guidelines and mechanisms for mainstreaming Orphans and Most Vulnerable Groups (OVC) issues in Ministries, Departments and Agencies (MDAs) including building capacity of state and non state actors to mainstream and monitor OVC issues
- (ii) Promote Advocacy programmes targeted at increasing awareness on rights of orphans and poor children.
- (iii) Scale up of successful state and non state actors community-based, care and support programmes for OVC
- (iv) Increase access to social services, vocational training, and grants/financial support (e.g. cash transfer), including start up kits for Income Generation Activities (IGA) to enable households with OVC to meet basic needs
- (v) Strengthen the enforcement of Children's Home Regulation Act No.4 of 1968, with the aim of discouraging institutional care, especially children homes for OVC including advocating for reunification of children living in institutions and those displaced with their families.

*People with Disabilities*

- (i) Awareness creation at all levels to address the wide spread prejudices and negative attitudes against people with disabilities and enable Local Government Authorities to formulate by-laws to address these practices.
- (ii) Facilitate state and non-state actors to identify early enough children with disability and provide mechanisms for immediate educational, nutritional and basic health care support
- (iii) Operationalization of international and regional conventions for people with disabilities as adopted and ratified by the government.
- (iv) Provide financial and in-kind support in the form of cash transfers to (extremely poor) child-headed households.
- (v) Allocate a special budget to operationalize National Disabilities Fund.

**Older People**

- (i) Review and harmonize existing policies, legislations, and guidelines affecting vulnerable older people with regard to insurance and pension schemes as well as other social protection mechanisms.
- (ii) All older people eligible for support are identified and issued with identity cards.

- (iii) Older people-headed and HIV and AIDS affected households are identified and targeted for receiving insurance and pension schemes as well as other social protection benefits as carers, educators, and at risk of infection.
- (iv) Set up mechanisms for identifying families headed by older carers, disaggregated by sex and age, in each district.
- (v) Implement cash transfer schemes using age and other relevant targeting criteria.

*People Living with Long Illnesses including HIV and AIDS*

- (i) Develop HIV and AIDS programmes by state and non-state actors include older people as carers of orphans and PLHA.
- (ii) Promote micro finance institutions and insurance institutions to set up loans and insurance schemes for PLHA and encourage other actors to provide financial (e.g. cash transfer) and in-kind support to extremely poor people living with long illness-headed households
- (iii) Increase access to vocational training to members of households with PLHAs to empower them to meet their basic needs, including IGA start-up kits.
- (iv) Expand advocacy, information, dissemination to rural areas aimed at fighting stigma and discrimination against PLHAs

*Extremely Vulnerable Women (Widows, Women living with HIV and AIDS)*

- (i) Promote advocacy activities aimed at educating communities on discriminative cultural practices, effects of gender violence, rights of access to social services and ownership and control of economic resources.
- (ii) Set up mechanisms for improving access of extremely vulnerable women to entrepreneurship and vocational training, and financial assistance (e.g. cash transfer).
- (iii) Expand existing mechanisms for engaging state and non-state actors in resource mobilization, financing and capacity building for social protection.
- (iv) Engage and facilitate Civil Society Organizations and Community Based Organizations to provide free legal aid services and counselling to vulnerable women.
- (v) Improve access to Prevention of Mother to Child Transmission (PMTCT) services, Maternal and Child Health (MCH) and reproductive health including access to HIV and AIDS prevention and protection information with a focus on women in rural areas.

Other areas covered include social protection for economic development and sustainable livelihoods which will be enhanced through strategies aimed at promoting human capital development; labour market and productivity such as implementing active labour market initiatives such as labour intensive investments, public works, and training and retraining of the unemployed, the underemployed especially in the informal sector and new job entrants; and promotion of sustainable livelihoods for example by enhancing pro-poor exploitation and management of natural and cultural resources through intra and inter-livelihood diversification and food security while paying attention to intergenerational equity and creating an enabling environment for institutions owned and controlled by the poor themselves, such as Savings and Credit Cooperative Association (SACCOS) and other associated initiatives to better mobilize savings as a way of promoting economic development.

Thus, the draft social protection framework has promotive and transformative strategies as well as social assistance strategies such as cash transfer to the vulnerable groups. This is necessary in strengthening production capabilities of the poor and equity (promoting social equity and inclusion), but at the same time protecting the vulnerable low productive groups by providing consumption transfers.

### **Major pending issues on social protection for older people**

As the Social Protection Framework drafting process unfolds, there are several policy gaps that need to be addressed. Drawing from the Help Age International (HAI) submission to the Social Protection Task Force, the following are seen as the strategic entry point for mainstreaming older people in the social protection framework by translating the MKUKUTA goals into resourced programmes, taking forward national and international commitments to older persons and the commitment of the Government to further the right to social security for all.

### **a) Eligibility criteria for social assistance**

MKUKUTA has pointed out that 40% of older people are eligible for effective social protection measures by 2010. However, this 40% has been interpreted differently by different stakeholders and it is not clear what category of older people is covered. It is recommended that in implementing the social protection framework, the eligibility should be defined by age and should include all people aged 60 years and over.

In other words, women and men over 60 years should be targeted as key recipients of regular income transfers in the forms of social pensions. The population of older people (60+) as reported by the 2003 Population and Housing Census was 1,952,000. If 40% of this population is to be reached by effective social protection mechanism, then 780,800 older people will be reached.

The introduction of a social (non-contributory) pension would realise a number of the social protection targets in the MKUKUTA. Recommendation for a non-contributory (or social) pension for older people is based on the fact that the scheme is targeted at a universally identifiable group without the costly administrative problems of means testing. However, experience has shown that governments are able to introduce national schemes with a high age entry point and then reduce the age criteria once an effective administrative system has been established. Thus, the 40% eligibility criteria could be defined along these lines but at the same time aiming at reaching all the older people gradually.

### **b) Dysfunctional health services exemption policy**

In the KwaWazee Project evaluation, none of the older people taking part in group discussions had found the policy of free health care to be working. These findings are corroborated by findings from other studies<sup>52</sup> HAI experiences in Tanzania (from research findings and programme work) has consistently identified health and income as the two key problems facing older people, particularly in situations of vulnerability. Failing health clearly affects older people's ability to secure an income and their basic needs. Leaders of institutions and village organisations consistently underestimate the importance of health to older people.<sup>53</sup>

HelpAge International's work in Dodoma and Arusha has drawn attention to several lessons. The first issue that the older people's committees in these areas resolved was obtaining identification from district authorities to enable them to access health facilities without cost. Enforcement of the health exemption policy will results to realization of the MKUKUTA target on older people's health: Cluster II, Goal 4, 5.5—100% of eligible older people provided with free medical care and attended by specialised medical personnel by 2010. Suggestions provided by HAI in this endeavour include:

- Strengthening monitoring systems for health and other public services, including disaggregated data collection to enable monitoring of medical exemptions by older people over 60 years, as well as their easy access to other essential public services, in each district;<sup>54</sup>
- Ensuring that all older people over the age of 60 years are issued with identity cards and all government health facilities in the country display information on medical exemptions.
- Ensuring that all government health facilities and health care practitioners are issued with guidelines on care, treatment, and medical exemptions for older people.
- Ensuring that medical personnel are trained in illnesses that affect older people.



<sup>52</sup> Kessy, F., I. Mayumana and B. Obrist (2007). "Understanding Resilience Pathways in Malaria Case Management in the Light of Rural Livelihood: An Exploratory Study from the Kilombero District, Tanzania, Unpublished Paper, Ifakara Health Research and Development Centre.

<sup>53</sup> These references have been drawn from a HAI study entitled, Strengthening Village and Neighbourhood organisations: Safety Networks for the Vulnerable (March 2000); and a research report, Older People in Tanzania prepared by Kate Forrester, September 1998.

## **6.6 Conclusions and recommendations**

This paper reviewed social protection strategies for older people drawing lessons from the schemes implemented in the Sub-Saharan Africa region and the locally implemented KwaWazee Programme in Muleba Kagera Region.

The review shows, that

- Investment in social protection and social transfers in particular are an effective way of targeting the most marginalised and the poorest men and women in developing countries;
- Universal non-contributory pensions help to deliver development outcomes across generations;
- Social pensions have direct benefits across families and communities, thus tackling the intergenerational nature of poverty; and
- Social pensions are an important response to HIV and AIDS and an effective strategy of providing support to older carers and reaching vulnerable children.

Although the impact of the KwaWazee Programme as perceived by the beneficiaries is high, the sustainability of the programme is a challenge. This is because the pension scheme operates as a small localized programme and it has not been integrated into the district plans. As learned from the experiences from other countries in the region, scaling up and sustainability of such programmes is possible with the government commitment.

When implementing such programmes, forging linkage with the district council is imperative so that such future programmes activities can be integrated into the council plans and been implemented using council funds.

Although the literature is rich on lessons on cash transfers worldwide, in Tanzania, little experience and evidence on how social pensions/cash transfers work at the country settings is not well documented.

The wide dissemination of the KwaWazee evaluation findings is imperative. These findings will be an eye opener for the government and other stakeholders wishing to implement such programmes as stipulated in the draft social protection framework. As such, these findings will inform the implementation of interventions stipulated in the draft social protection framework.

The government of any developing country government planning to introduce a national social pension scheme faces the challenge of mobilising resources of around one to two per cent of GDP.

Given the multiple demands on limited resources, it may be best to start by offering a minimal pension to the oldest people and get others on aboard over time. In other words, we recommend offering social assistance to 40 per cent of older people as stipulated in MKUKUTA, with the aim of gradually increasing the coverage to 100 per cent.

The Ageing Policy of 2003 has provided the mandate for various stakeholders to partake in needs assessment for the older people and provide care and protection for older people in the community and institutions. The stakeholders include central and local government, development partners, voluntary agencies including non-governmental faith based and community based organizations and the families/villages/communities where these people live. Further the draft social protection has identified some key areas of action as far as social protection for older people in Tanzania is concerned. For instance

- Identification of all older people and issuance of identity cards
- Setting up mechanisms for identifying families headed by older carers, disaggregated by sex and age, in each district.

The development partners contributing to the health basket fund has spearheaded a process of pay for performance by allowing certain amount of the basket funds to be used as incentive for providers performing well in terms of agreed performance indicators. Applying the same modality of funding, interventions on older people could sustainably be funded.

To avoid a “patchwork quilt” social transfer approaches, The Swiss Agency for Development and Cooperation (SDC) in collaboration with other stakeholders can work towards institutionalizing social protection for older people in Council plans by designing a programme of mainstreaming older people interventions in council comprehensive plans. Mainstreaming these activities in the Council Plans will ensure sustainability of the programmes since these activities will be funded from the district coffer.

## ANNEX 1

### Research with older people. Observations during the process.

*Probably I will be sick for two days when I have walked home again, but whatever time is needed I am prepared for it.*

One of the strongest impressions that remained after the fieldwork was the enthusiasm and the commitment shown by older people in making their contribution to the survey. That the vast majority of them turned up in the first place and the level of their participation were strong statements about their capacities, their courage and their pride, and also about their loyalty to the Pensions Fund.

The following text aims to give some insight into the research process with older people, a group which in rural Africa has rarely been in the main focus of a survey.

Before the survey began, a positive outcome could not be taken for granted. On the contrary there were many uncertainties. How would a survey be managed in a setting in which older and very old people live in very scattered and often isolated homes? Most of the older people weren't used to reading or writing, so how would communication work? Where should the interviews take place? Would the older people be physically and mentally fit to participate?



To organize more than 100 interviews with older people and group discussions with another 60 older people and to provide the meetings at the homes of the older people for the case studies – all within two weeks – indeed posed a huge logistical challenge for a small KwaWazee team.

To cut the travel times for the enumerators it was first of all decided to do all interviews with those older people who could move, at central places – mainly at the WOSCA buildings in Nshamba. All older people, who had been randomly selected for the interview, were told the precise date and time for their interview when they collected their pension for the previous month.

#### Where should interviews take place?

During the household part of the survey the enumerators often heard older people say - *you should have done the interview at my home and you would have seen my situation*. Such a strong additional impression for the interviewers could only be acquired in those cases where older people had to be interviewed in their homes for health reasons and in all of the Case Studies. However most interviews carried out at the older people's homes had a clear disadvantage: In practically all of these interviews there were other people in or around the house - often enough entering in the middle of the interview - neighbours, who wanted to see what was happening, members of the family, children of the neighbours, members of a funeral group. The interviewees were visibly irritated by their presence and it was not always possible to adjust the situation sufficiently so that the interview, which included sensitive areas, could be carried out in privacy.

On balance, a neutral setting proved to be an advantage. That the older people had positive experiences with the WOSCA buildings (their pension paypoint) and the enumerators did their best to make them feel comfortable, obviously helped a huge amount.

#### Would older people appear as planned?

The first day of interviews and group discussions wasn't very promising. Some older people scheduled for the afternoon appeared early in the morning; others didn't appear at all. Only two participants were on time for the first group discussion. Another two appeared within half an hour, and two pensioners who were too early for the questionnaire completed the group. But relief came on the following day. A large number of older people were already sitting outside the WOSCA offices and were waiting to be called.

To make sure that practically all of the interviews had taken place by the end of the second week it was necessary for two members of the KwaWazee staff to spend time crossing the countryside and reminding some of the older people of their appointments, and in some cases organizing transport.

One factor which could not be influenced however was the weather. A couple of bad days would have made parts of the study near impossible. Luckily there was just one heavy shower within the two weeks.

### **Lessons from the experience**

#### **Using a standardised questionnaire**

In composing the questionnaire much was learned from surveys which had been done in recent studies. The final evaluation of the Kalomo Social Cash Transfer Scheme, proved particularly helpful in many areas.<sup>55</sup> However there appeared to be very little experience of surveys focussed on older people, especially in settings where it could be expected that they took part for the first time in their lives. Despite modifications or clarifications after several test runs, only the results of a large number of questionnaires would show to what extent questions were understood and to what extent they could provide results.

#### **Length of interview**

Initially it was the objective to limit the average interview to just over an hour. The first test interviews with members of the PSS-groups lasted over 1.5 hours, mainly because explanations and visualizations took much more time than expected. Moreover the older people showed the need to tell their stories.

As a consequence the standardized questionnaire was slightly shortened, although concerns persisted that too much might be demanded of the interviewees.

During the first days, many of the interviews lasted nearly 2 hours. The interviewees however expressed a strong desire to complete them. *Whatever time is needed we are prepared for it.* Of course they had previously been invited to interrupt or to stop the interview at any time if they felt too tired or if it was too much for them. With more practice, the enumerators were able to reduce the time needed for the interviews but the average remained at about 1.5 hours, with the longest lasting for nearly three hours.

#### **Questions relating to wellbeing**

Discussions with the PSS-groups had suggested important improvements in the psychological wellbeing as a consequence of the pensions. It was therefore decided to include a section on psychosocial wellbeing issues as a central part in the questionnaire. Depression scales had been used successfully with children or with young mothers in African contexts. But how would older people cope with very personal questions and with the scaling method? Feedback from the enumerators and the results themselves – which appeared both very balanced and overall consistent – demonstrated that they managed very well.

#### **Framing of questions**

Many of the questions that appeared to pose problems had been modified after discussions with the PSS-groups. For example:

- the average older person would not be used to stating the size of their land in acres, but would know how much of the main subsistence crops - beans and maize, could be harvested. Therefore older people were asked how many 'bakuli' (a standard vessel) of beans and maize they would get from their land.
- several questions were visualized to make sure that they were understood. Of particular importance was a visualization in the scaling questions: Older people were invited to choose from four drawings illustrating the different degrees between 'not at all' and 'most of the time'. Although this took some time to explain, it certainly improved the chances of getting genuine answers.

There were several indications that overall a very good quality of the answers was reached. There was a high consistency in the comparison of the two groups: Pensioners fared better in practically all areas where extra cash mattered, whereas the answers of both groups were fairly similar in general questions of livelihood. There was also a high consistency in most individual questionnaires when answers were crosschecked.

In most questions where OP had to choose among several options, or had to decide to what degree a statement applied (scaling questions), a good distribution of the answers could be observed. This contrasted with some questions which were asked in a way that encouraged stereotype answers (see below).

#### **Questions that posed particular difficulties**

- The enumerators felt that questions with a time component proved difficult for many of the interviewees. For example, the question - Did something happen last week, last month, within the last 6 months or within the last year? – sometimes produced inconsistent results. For example, it was stated that 7 different types of food were eaten within the last week and only 5 different types were eaten within the last month, and that medication was bought in the last 3 months but not in the last year.

<sup>55</sup>) Final Evaluation Report, Kalomo Social Cash Transfer Scheme, Lusaka, September 2007

- Over 20% of the older people had no idea or no exact idea about their age. They stated that they were born in the reign of one particular chief or when a particular famine hit the area. Often the enumerators would note “*very old, doesn't know her age*“.
- Questions relating to the future appeared to be very difficult to answer for participants of the Control group.

### **Questions that exposed a cultural stereotype**

Overall there were surprisingly few questions which seemed to generate stereotype answers.

- Overall, responses to the psychosocial wellbeing questions gave a very differentiated picture with all options often being selected. However one question resulted in a stereotype: 95% and 96% of both groups reported that they never felt like not wanting to see anybody. Although such a feeling is quite common in a western context, it was obviously not an appropriate indicator of psychological well-being in this context.
- When older people were asked to select options regarding certain health problems, the options included – *I would go to a natural healer (witch doctor)*. Although it is common practice to seek assistance of a witch doctor for certain matters, none of the interviewees reported visiting a witchdoctor. This came as no surprise to some younger members of the KiHaya community, who explained that this was a taboo subject for discussion with outsiders because people were aware of the poor reputation and social acceptance of witchdoctors in some circles.
- When older people were asked about their worries that their grandchildren might not be able to go to school 78% of the control group reported that they worried ‘often’ or ‘most of the time’. However when asked whether their children missed days in school in the last month, 54% stated ‘no, they went every day’. Subsequently only a few causes of missed schooldays were confirmed. To get a more realistic picture the question would probably have to be put in less personal way, for example: *Teachers say it happens more often in older headed households that the grandchildren don't go to school. How true is this opinion in your view? What might be the reasons for some children not going to school?*

### **Extraordinary conditions**

The overall positive outcome of the survey implementation was considerably influenced by the setting.

Older people either felt grateful to KwaWazee because of the pension they had reliably received over the past years (Project group) or they felt grateful because they had been selected as new pensioners (Control group). This gratitude was repeatedly expressed throughout the survey.

Moreover, throughout the fieldwork and particularly on Payday, the research team observed that older people were treated with great respect by the KwaWazee team. This contrasts greatly with the stories older people told about their bad experiences with health service providers.

The huge disparity of age between interviewees and enumerators did not appear to be an obstacle for the interviews. The fact that many of the young enumerators were orphans who had been in the orphan's organisation and who knew the situation of the older people, rather seemed to foster a good relationship in the interview situation.

### **Key role of enumerators**

That the quality of a survey, even with the best preparation, depends to a high degree on the quality of the enumerators, was demonstrated on the first day of the interviews. Despite several days training, including one day with the research team, - some of the young (under 20 years) enumerators were clearly struggling. This was demonstrated by incomplete questionnaires or too many answers, suggesting that some of the questions were misunderstood. One problem was that the enumerators had to read the questions in KiHaya, which although widely spoken in the area, is a language not normally used in writing. Careful monitoring was essential in the beginning but the quality improved considerably after a couple of days. The high return of questionnaires enabled the team to rule some of these first interviews out of the survey.

While the enumerators did not have a high level of educational qualification, they all came from the locality, possessed a very good understanding of the environment and situation of older people and were fluent in the local language. To obtain enumerators with higher qualifications would have meant bringing people from larger towns far from Nshamba. It has been observed in other survey situations that enumerators who are very removed from the environment of the study can experience problems due to lack of cultural knowledge. The solution in this case would be for longer time for training and practice.

## ANNEX 2

### Hypotheses

on the impact of cash transfers to the older people headed households in the KwaWazee pension fund project

#### **General hypotheses on the situation of older people headed households**

- HIV/AIDS is a livelihood crisis – and not only a health crisis – which affects the livelihood strategies of older people and which reduces their traditional support network.
- The older people headed households dispose in general on less resources and can be considered as ‚structural‘ poor.
- Orphaned children living in older people headed households are directly affected by this structural poverty, as regards their nutrition, their general health situation and their chances to get a formal education.

#### **Main hypotheses:**

- A. The pensions, which amount to TSh 6,000 for older people and to TSh 3,000 for each supported grandchild (appr. 5 US\$ and 2.5 US\$) represent a substantial contribution towards the basic expenses of the older people headed households. Substantial means up to 50% and more of all their cash expenses.
- B. The regular cash transfers through pensions improve the general health situation as well as the psychosocial wellbeing of older people. They strengthen them in their daily subsistence work, make them less vulnerable to shock situations and improve their locus of control. They also reduce their isolation and they improve their social position within their family and within their community.
- C. The regular cash transfers through pensions improve the nutrition, hygiene and general health situation as well as the psychosocial wellbeing of the grandchildren cared for by the pensioners. An improved environment has furthermore an effect on school-attendance and school-performance.

#### **Impact on the household economy:**

1. Cash transfers reduce extreme poverty and they can prevent, that older people living in “shallow poverty” shift to extreme poverty (effect of stabilization).
2. Cash transfer increase the resilience and the coping capacities of older people headed households. Shocks (such as illness or periods of draught) are less frequent and less severe and the older people have more options or strategies for coping.
3. Cash transfers decrease the need to make debts or to sell assets (animals, land) and they increase the potential to invest in assets.
4. Cash transfers decrease the need to do *kibarua* (day labour) for other people (which is badly paid) and allows the older people to concentrate on their household and *shamba*.

#### **Impact on the nutrition**

5. Cash transfers increase the quantity and the quality of the food intake as well as the degree of satiation.

#### **Impact on health**

6. As a consequence of better nutrition, better access to medical care and fewer moments of scarcity pensions show a positive influence on the self reported health of the older people as well as their grandchildren.
7. Pensions lead to an improved environment to protect the health (for example better hygiene).
8. Cash transfer reduce the signs of stress and indicators for psychosomatic illnesses.
9. Pensions improve access to health services and broaden the options for treatment.

### **Impact on the psychosocial wellbeing of older people**

10. Cash transfers increase the self-esteem and restore the feeling of dignity of older people, especially of those who care for children. They feel less “guilty” that they can't respond adequately to the needs of the children.
11. Cash transfers as a predictable and regular income increase the “locus of control” and therefore the self-confidence in their own capacities to solve at least part of their problems. Older people regain to some extent the capacity of planning and deciding on their daily activities and on the future.
12. Cash transfers decrease the general level of stress (and depression?) concerning the daily problems of food, health etc.
13. Cash transfers decrease the isolation

### **Impact on the social relationship in the family and in the social environment:**

14. Cash transfers contribute to the improvement of the relationship between the older people and their grandchildren. The older people are in a position to satisfy more of the expectations of the grandchildren (clothes, shoes, school material) and become therefore (more) respected.
15. Cash transfers strengthen the position of the older people within the extended family and possibly within their neighbourhood and community. They are more likely to receive presents or to be supported in crisis situations as they themselves are more likely to occasionally contribute. (reciprocity-process).

### **possible negative impact**

16. Cash transfers produce jealousy and decrease the informal external support by neighbours, family and clan-members. In particular if these feel that they should be recipients of cash transfers themselves.

### **Limitations**

17. Cash transfers are not able to contribute to the solution of “big” and “long-term” problems (for example problems of housing, chronic illnesses or succession for the care of the children) which are mostly very serious problems.

### **Impact on education of the grandchildren**

18. Cash transfers increase the possibility that grandchildren can go to school more regularly, with less harassment due to poverty and therefore result in a better school performance.

October 2007 MH, SH

## ANNEX 3

### Questionnaire version KiHaya - English

Questionnaire Nr:

Identification Number \_\_\_\_\_

strictly confidential

KwaWazee Pensions Fund  
Assessment of Impact and Implementation

### Questionnaire

Alikuhabwa amalipo project group (pensioners)	<input type="checkbox"/>	Atakuhabwa amalipo control group	<input type="checkbox"/>
Alikwikala nabajukuru omunju Grandchildren in house	<input type="checkbox"/>	Atakwikala nabajukuru omunju no grandchildren in house	<input type="checkbox"/>
Kushoborolana na omukaya Interview at home	<input type="checkbox"/>	Kushoborolana ahai mukutano Interview at meeting point	<input type="checkbox"/>

Informations from KwaWazee records to be completed before the interview:

Enamba yabuli muntu abalikuabwa: .....  
List number pensioner .....  
Ibara lya alikuabwa: .....  
Name pensioner .....  
Ekyalo .....  
village .....  
Orubara lwa abajukuru omkaya .....  
Number of grandchildren in HH .....  
Omwaka gwo-okuzalwa .....  
Age of pensioner (if possible) .....  
Omwezi no omwaka gwo kutahibwa .....  
Month and year of admission .....  
Amahera agabikilwe (agotaihileyo kugoba  
omugati yo mumwezi gwa ikumi na gumoi) .....  
sum saved (not withdrawn) .....

Ekiro kyo koshoborolana .....  
Date of interview .....  
Esahihi yo alikugamba .....  
Signature of interviewer .....

Esahihi yo omwemelezi .....  
Signature of supervisor .....

**Ebigambo byo omwemelezi we ekai**  
Personal, household data

- 1. Wakugamba omwaka gwawe gwo okuzalwa anga emyaka yawe?**  
Could you please tell us how old you are?

Omwaka/miaka: (age) .....

*Mpazoka ebyete bike. Abakeile bangi if not known: ask for the estimated age*

Kushaga (over) 91	
86-90	
81-85	
76-80	
71-75	
66-70	
61-65	

- 3. Na'abana bangai abowazaile kuruga omurula lwawe?**  
How many of own children have you in total?

- 4. Isi na'abana bangai abali kulora?**  
How many of them are still alive?

- 5. Ni bangai abo-wakutakao ka-wakuba noyenda obwambi?**  
How many of them could you ask if you should need help?

- 6. Isi enju yawe eshakaile na amabati?**  
Does your house have a roof with iron sheets?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

- 7. Okwo eshakaile ehamile kutanga enjula kujwa?**  
Is the roof good enough to keep the rain out?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

- 8. Enkuta zigumile mala tizinabihuru?**  
Are the walls solid and without holes?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

- 9. Iwe niwe mukama we-enju hamoi nekibanja?**  
Are you the owner

Enju \_\_\_\_\_ of the house?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

Shamba and the land?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

**10. Kwihamu iwe, omubo'oinabo omunju alihos alikulola emilimo eyalikushashulwa nokuleta eihela omunju?**

Is there - apart from you - anyone in the household who works for income?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

(Ababazi:Kikilaba kili „niko“) only if ,yes'

Emirundi nyingi regularly	Orundi sometimes

**11. No-obiala empambo ehai omulyezi omushamba yawe?**

Which of these crops do you grow in your shamba?

(Alikubaza nashoma eziandikilwe na nayongeraho yonayona elaba etandikirwe ) several answers can be ticked

Elfuma sweet potatoes	
ebicholi maize	
ebigando maniok	
Emwani coffee	
Ebikwara yams	
Ebinyobwa ground nuts	
embile beer banana	
Emperege beans	
enshoro ground nuts 2	
bitoke eating bananas	
Ebindi(Bigambe) others	

note: coffee and ,beer'bananas are cash crops

**Mali assets**

**12 Omukibanja anga ensi yawe eyo oinayo wakubyalamu obobakuli bungahi bwemperege?**

. How many Bakuli (=standard vessel) of beans can you grow on your land?

**13. Omukibanja anga ensi yawe eyo oinayo wakubyalamu obobakuli bungahi bwebicholi?**

How many Bakuli (=standard vessel) of maize can you grow on your land?

**14. Notunga omufugo gwonagwona omwawe?**

Do you keep any animals in your shamba?

	Che no	Ego yes	Kolaba notunga,nengaa number
Mbuzi goats			
Enkoko chicken			
Obumi rabbits			

**15. Tekeleza omumiaka ebili elabileho: Olashasile muno kugoba ahakuguza ekintu kyonakyona ekili kukushasa muno olwokuba okaba noyetaga amaela?**

. Think of the last two years. Did you have to sell anything important to you because you were in need of cash?

	Che no	Ego yes
Eshamba farm		
Embuzi goats		
Obumi rabbits		
Enkoko chicken		
Ekindi: kigambe other		

**16. Koraba wagulize: Okabasa kukigaluraho kugoba kileki?**

If you had to sell: Were you able to replace it until today?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

**17. Koraba nolima emwani: Ezingi okasiguza kanyaki omumwaka oguhoile?**

If you grow coffee: When did you sell most of it last year?

a) Obuzabeile zili aha muti when it was still on the tree	b) Olwo zahulwile? when it was harvested	c) tindima mimwani grows no coffee

**Mapato na Matumizi      Income**

*18 na 19: Ababazi: enamba eyayelekwa ketali omuliezo ezihandikilwe buli kanya otwale elinya elkushagaho)  
If the sum indicated is not on the list always take the one which is a bit higher*

**18. Kwihamu amahela gabazee(agolikuhabwa),namaela gangai ago wakubona omumwezi ogutamile – atalio obujuni bwa abazee**

Apart from your pension money, how much in TSh would be your cash income (=what you can spend) on a poor month?

	<i>x</i>		<i>x</i>
Tinyna kantu		5'000	
1'000		7'000	
2'000		9'000	
3'000		11'000	
4'000		Agashagile more	

**19. Kwihamu amahela gabazee(agolikuhabwa) naamaela gangai agi wakubona omumwezi ogurungi – atalio obujuni bwa abazee**

Apart from your pension money, how much in TSh would be your cash income on a good month?

	<i>x</i>		<i>x</i>
1'000		10'000	
2'000		12'000	
4'000		15'000	
6'000		20'000	
8'000		Agashagile more	

**20. Ni kihai – omumwaka gwona – ekili anchuro ye enhonga muno kukutaiza?**

Which would be - over a whole year - your most important sources of income:

*Abalikubaza bolekye epicha namale ikumi. Bashobore abalikubazibwa kuronda ambale agasaine ekipato kyabo, kitwo mbali alientabuko mpango yamahela mbajakutaho amabare gangi. Amabare gona ikumi gatumike.*

*(Enumerator: show drawings and show 10 stones. Explain that OP choose number of stones for each source of income, so that the most important source has most stones. All 10 stones must be used)*

*(Alikubaza naioleka emichoro. Alikubazwa naronda orubara rwaamabale bulikintu kilikumtaiza)*

	Orubara rwa amabale number of stones
Okuguza ebioolikulima      sale of products	
Kigodi      day labour	
Ekitwo      gifts	
Okuhabwa amaela ga Bazee pensions (if pensioner)	

**Tekeleza omwuezi oguwaile:**

**21. Aliho obujuni anga ekintu kyonakyona ekyo wahailwe kuluga omu baaba aba?**

Think of the last month: Did you get any material support (zawadi) from any of these?

(Ealamu alikubazikana) (several ticks are possible)

	X=ego
Kaniza church	
Miskiti Miskiti mosque	
Abatani neighbours	
Abatahi friends	
Serikali government	
Oruganda clan	
efamile(eka) family	
Ebindi: others	

**22. Iwe oli omukyama anga ebyama byokujuna abafelwa?**

Are you a member of one or more funeral groups?

Ego yes	Che no

Kelaba ego – nochanga emahela gangahi omumwezi?

if yes: how much do you contribute per month?

--

**23. Omumiezi eshatu eyarabileho, aliho olwo wabulabulilwe okaboga ahakugya kushaba obwambi omubatani?**

Were there moments in the last 3 months when you had to ask for support from neighbours?

Tikikabahoga never	Emirundi ena 1-4 1-4 times	Kushaga emirundi etano 5 or more times	Tindi kumanya don't know	Tinyine mpororo no answer

**24. Omukanya aka waine empanika yonayona eyowainayo omuakaunti ya bazee anga honahona olwe ekintu kyonakyona ekyakubao omumaisho?**

At this moment, have you any money left with KwaWazee or any other savings for things which might happen in the future?

**empororo wakushuba ogileba ahambandizo olupapuro lwambele**

(Note: Can be partly seen from the KwaWazee Savings records)

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

**25. Kawakulenga kwijuka, nebiro bingahi ebyo wakoleile abantu ili kubona amhela?**

If you try to remember: How many days did you work for other people to earn money (Kibarua) or food?

a) Om-umewezi oguaile? a) during the last month?

Tikikabahoga never	Omurundi 1- 4 1-4 times	Emirundi etano nokushagao 5 or more times	Tindi kumanya don't know	Tinyine mpororo No answer

**26. b) Omu-mwezi eshatu elabireo?** b) during the last three months?

Tikikabahoga never	Ekirokimo mpaka 4 1-4 days	Ebiro bitano mpaka ikumi 5 or more times	Kushagao ebiro ikumi na kimo more than 11 days	Tinyine mpororo

abalikubaza:obaze eiswali ly 27 kabalaba mbakola ekigodi only if there is daylabour:

**27. No-abwa ebyakulia anga amaela?**

Would you get food or cash? (both can be ticked)

Ebyakulia food	Amaela cash

Kagalaba amaela: **Kagali mahela, nohabwa gangahi omumulimo gwekilo kimo?**

If cash: How much in TSh would you get for a day's work?

TSh

**Lishe nutrition**

**28. Tukwate ekilo ekitainamu byemba, nolya kangahi omukilo ekyo?**

If you think of a normal day. How many times would you have a meal?

1 omulio 1 meal	2 emilio 2 meals	3 emilio 3 meals	Ebindi (bigambe) other

**29. Nobona noiguta obwo olikumala kulya? Ni kihai ekyaamazima omuliebi?**

Do you think that you are mostly satiated after a meal? What do you think is most true?

Kwiguta satiated	Kwiguta kake A bit hungry	Kutaiguta hungry	Tinyine mpororo No answer

**30. Tekelezao eilimansi elihoile, nebilo bingahi ebyowayehulile okuo tiwaigutage olwo wamazile kulya?**

If you think of last week: How many days did you feel that you were still hungry after a meal?

Tikilio never	Ebiro bike A few days	Bulikilo everyday	Tinyine mpororo No answer

**31. No-tekeleza abantu abandi omu-eka yawe mbaiguta akumara kulya? Ni kihai ekyaamazima omuliebi?**

Do you think that other members in the household are satiated after a meal? What do you think is most true?

Kwiguta satiated	Kwiguta kake A bit hungry	Kutaiguta hungry	Tinyine mpororo No answer

**32 Omubyakulyebi, ni bihi ebyo walile buzima omwilimans elilabileho/omwezi ogulabileho?**

Which of the following food did you eat in the last week? in the last month?

Abalikubaza: Ohakikishe ebichumba byombi wabijuza Enumerators: please ensure that both columns are filled in.

	Ijuma elilabilo last week X= ego yes	Omwezi ugulabile last month X= ego yes
Amauli eggs		
Empelege beans		
Emfulu fish		
Ugali ugali		
Obudagaa daaga, dried fish		
Enyama meat		
Amate milk		
Emfuma sweet potatoes		
Ebigando cassava		
Ebikwara cocoa yams		
Mchele rice		
Emkoro yams		

**33. Kawaida otumia ebipande bingahi byesabundi omumwezi?**

How many pieces of soap do you use normally in a month? No of bars

**34. Noyetaga ebipande bingahi byesabundi eyakukumalila ametage gawe?**

How many bars of soap would you need, that it would be enough?

**35. Isi bulimuntu omwawe nayeshweka amashuka omukilo?**

Does everybody in your household use bedsheets?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

**36. Wakwanjurura otai emikalile yawe yo-obubiri omwezi 12 elabileo.**

**Nikia ekili kya mazima kushaga?**

How would you describe your general state of health in the last 12 months. Which would be most true?

Tinduala I never felt sick	Nduara kuke I rarely felt sick	Mnomno inshasha I often felt sick	Nyala ninshasha busima bulikana I always felt sick	Tinyine mpororo no answer

**37. Nikiloki kya mwisho olwo waulire noshasha mno (Eilimasi lyona anga kushaga)kuburwa kwimuka no okukola emilimo yawe yo-omunju?**

When was the last time, when you felt too sick for a week or longer, to get up and do your work in the house?

Omwezi oguwaile During the last month	Miezi 6 elabileo During the last 6 months	Kabla yao Before that	Tinyine mpororo No answer

**38. Oru iwe (anga omwijukuru wawe) kalikulwala: ninkahi mbali aholikuhiba obwambi mbele?**

If you (or your grandchildren) are sick. Where would you usually look for help?

*Ababazi: eharama zingi zakutebwaho . Noshabwa kutumia ebichumba byombi several ticks are possible, use both columns*

Nimibasi yange anga ya batai bange Own remedies or from friends	Kaikubanashasha muno When very sick	Kalikuba nashasha kake When a bit sick
Ngenda omuganga wa kienyeji Natural herbal healer		
Ngenda ombafumu Natural ,witchcraft' healer		
Dispensary dispensary		
Eiduka lyemibazi pharmacy		
Hospitali hospital		
Ahandi anywhere else		

**Okagula omubazi gwona'gwona** Did you buy any medication

**39. a) omu miezi 3 ewaile?** a) during the last 3 months?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

**40. b) omwaka oguwaile?** b) during the last year?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpororo No answer

**Emikalile ya'magesi ne'bitekelezo psychosocial wellbeing**

Obwo olikutekeleza emiezi 12 elabileo: Ni nkahai ekyamazima omuli iwe omumaswali agalikuuhonderaho?  
If you think of the last 12 months. Which would be most true for you: (scaling visualized by drawings)

**41. Nimba nintina mara nyinewasiwasi omubiro byomumaisho.**

I have been anxious or worried about the future

Ego, emirundi nyingi yes, most of the time	Ego, mnomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

**42. Omukanya akandi ninyeulira kutina nokwehulira kubi.**

I have felt stressed in certain situations

Ego, emirundi nyingi yes, most of the time	Ego, mnomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

**43. Ninyeulira kurungi amo nokwegumisiliza**

I have felt fine and confident

Ego, emirundi nyingi yes, most of the time	Ego, mnomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

**44. Ninyeulira obushukura kuba tario muntu alikunjuna**

I have felt lonely, with nobody to support me

Ego, emirundi nyingi yes, most of the time	Ego, mnomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

**45. Ninyeulira nka-atalikwenda kubona wenawena**

I have felt like not wanting to see anybody

Ego, emirundi nyingi yes, most of the time	Ego, mnomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

**46. Nimba ninagira kubi**

I had difficulty sleeping

Ego, emirundi nyingi yes, most of the time	Ego, mnomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

**47. Nimba ntainabyera nikyo kikala nikindiza**

I have been so unhappy that I have been crying

Ego, emirundi nyingi yes, most of the time	Ego, mnomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

**48. Ninyesima okwo ndikubasa kwikala ne ehali yange**

I have felt proud about how I am coping with my situation

Ego, emirundi nyingi yes, most of the time	Ego, mnomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

Amaswali gake okwo olikweulira **omukanya aka**. Kawakuba weina eshida empango omu-eka yawe, ni kihai na amazima: And now a few questions about how you feel *at this moment*.

If there should be a bigger problem in your household. Which would be most true:

**49. a) Obwo alikozokayo enaku/ekyemba ninkimara inye nyenkai**

a) If there is a problem I find a way out of it myself

Ego, emirundi nyangi yes, most of the time	Ego, mnynomno yes, quite often	Che timuno not very often	Che tikibao no, not at all

**50. Kawakutekeleza emara yenzindo olwo wakwasilwa ekyemba/enaku empango okabona obwambi buta kuluga nkai?**

If you think of the last time when you had a serious problem. How much support did you get from:

Abalikubaza: oyekaze kujaza ebichumba byona *Enumerators please use every row*

	Bakujuna muno they could help a lot	Bakujuna kake they could help a little	Tibakujuna they couldn't help
Omunju family			
Abatani neighbours			
Abatahi friends			
Omubanyansi community			
Omuruganda clan			

**51. Kiwakurwala muno omubiro byomumaisho: Wakupata bwambiki kuluga nkai?**

If you should get seriously sick in the future. How much support would you get from

Abalikubaza: oyekaze kujaza ebichumba byona *Enumerators please use every row*

	Bakujuna muno they could help a lot	Bakujuna kake they could help a little	Tibakujuna they couldn't help
Omunju family			
Abatani neighbours			
Abatahi /friends			
Omubanyansi community			
Omuruganda clan			

**Mtandao wa familia family network**

**52. Obwo olikwijuka akanya ako abazaile bawe babere nibetaga obujuni bwawe.**

**Mara waine ebintu byokubajuna? Okabajuna – wakubajunile.**

If you try to remember the time when your parents needed some help of you. Were you in a situation that you could help them?

Nabajunile mno I could help a lot	Nabajunile kake I could help a little	Tinakubajunile I couldn't help

**53. Aho tekeleza abana bawe. Ni kihai nikishobororoa obwambi bobalikuha obwo olikwetaga obujuni bwabo?**

Now think about your children. Which best describes the assistance they give you, when you need some help?

Mbanjuna mno They help me a lot	Mbanjuna kake They help me a little	Tibaina ekyobarikujuna They don't help me at all

**2. Wakutumgambira abandi abalikwikara munu**

Please describe who else is living in this HH.

Obukwatane bwawe nabarikwikara munu  Relationship to OP	omukasi/ omwuisiki omushajja/ omusigasi  sex m/f	Miaka  age	Ka'likushaga emyaka 18 kubaki nomutunza?  If over 18 reason why has to be cared for

**Amaswali agalikewenda eshobororo mwisho** open questions at the end of questionnaire

Abarikulipwa: for pensioners:

**54. Ni kihai kuindukileo kilikiango kuluga obandize kutora amahela**

What is the biggest change for you since you receive a pension?

*Alikubaza aandike ebintu bibili ebyomugasho.* interviewers write down the two strongest statements.


Abatari kulipwa: for control group:

**55. Kubandiza omwezi ogulikwija nobanza kutora 6000 shilingi amo noomwana. Ni kihai notekeleza nkijakuindukao kilikiango?**

From the next month you will get a pension of 6'000 TSH (+ kids) every month. What do you think will be the biggest change this makes for you?

*Alikubaza aandike ebintu bibili ebyomugasho.* interviewers write down the two strongest statements.


**56. Ni kintuki ekihango ekilikukuletera ebitekelezo ekitakumarwa na amalipo agolikuhabwa?**

Which are your biggest worries which cannot be met by your pension?

*Alikubaza aandike ebintu bibili ebyomugasho.* interviewers write down the two strongest statements.


„Nitubazima muno akanya akotuikara amoi nukuolola amaswali. Ehololo yanyu ne'eyenshonga omilichwe“.  
*We thank you for the time you have given us and for being ready to answer our questions. Your answers are very important to us.*

(Eibaza kalilaba likyagendelela kabakwenda bakwikyaho)  
**(Additions to Questionnaire for certain groups only)**

### C. OMBAINE ABANA BONKAI      *For OP with grandchildren only*

„Ni mulela abayjukuru ekityo norw-okuba mukomilwe kandi kiguma. Nitubabasa amaswali gake omurubaju rwa abajukuru.  
 Kitio tugambire nikya na amazima“  
*„you are caring for a grandchild / for your grandchildren. This means a great commitment and certainly it is often not very easy for you. We ask you a few questions about your grandchildren.*  
*Please tell us which would be most true for you“:*

#### **C1: Mbele nyine'wasiasi kuba tinakubasa kua abajukuru ekiakuria kirungi na emyendo.**

I have been worried that I couldn't offer my grandchildren sufficient food and clothes

Che, tikibeileo No, never	Kukekuke occasionally	Emirundi nyngi Quite often	Ego emirundo nyngi mno Yes, most of the time
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#### **Amaswali agalikuhonderao naga abana abaina emiaka eyokugya omshule**

The following questions only refer to those children who are at an age to go to school

#### **C2: Mbele nyine'wasiasi anga nyina wasiasi nkoko abajukuru tibakubasa kugia omshule nkowo kilikwetagua**

I have been worried that my grandchildren couldn't go to school properly

Che, tikibeileo No, never	Kukekuke occasionally	Emirundi nyngi Quite often	Ego emirundo nyngi mno Yes, most of the time
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*Ababazi: Abejukuru kabaraba nibashoma*

#### **Aliho ebiro byonabyona ebyo-abana batabasize kugya omshule.**

Were there any days when your grandchildren couldn't go to school.

#### **C3: a) orubinika oluwaile? last week?**

Bakagenda buri kilo they went every day	Tibagileyo rimo they missed one day	Balemirwe ebiro bibiri anga kushaga aho they missed several days	Tibagileyo ebiro byona they didn't go at all
--	--	--	---

#### **C4: b) Omwezi oguwaile? last month?**

Bakagenda buri kilo they went every day	Tibagileyo rimo they missed one day	Balemirwe ebiro bibiri anga kushaga aho they missed several days	Tibagileyo ebiro byona they didn't go at all
--	--	--	---

#### **C5: Nehai eshonga mpango eyakukora omwana atagya ahai shule?**

Which would be the most important reason, that the grandchildren missed the school?

Kuba bakashasha they were sick	
Kuba bakabingwa aha-shule they were sent back	
Kuba mbapaswa kulima they had to work at home	
Kuba nkabaninshasha I was sick	
Kuba nkabatuma I sent them somewhere	
Kuba bakagya kukolera ebyakuria daylabour f.food	
Kubura cause unknown	

Mpao tugambire ni kihai na amazima omuliwe ahaliebi ebiriku honderao: Please tell us, which is most true for you:

#### **C6: Okutura amoi na abajukuru nkuguma**

Living together with my grandchildren has been difficult

Che, tikibeileo No, never	Kukekuke occasionally	Emirundi nyngi Quite often	Ego emirundo nyngi mno Yes, most of the time
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**C7: Isi alihos akanya akondikusongwa na ebintu bingi? (Ebitekelezo bingi)**  
Are there times when things get on top of me?

Ego, mnomno Yes very often	Ego kuke Yes sometimes	Bibasa kubao Not very often	Che mbelenimbasa kubyemerge No, I've coped quite well

**C8: Abayjukuru bange nibanjuna mno.** (Tikumanya nakukozireki kuba batalio – mbajuna mno).  
My grandchildren are a great help to me. I wouldn't know how to do without them.

Ego, mnomno Yes very often	Ego mirundi nyingi Quite often	Bibasa kubao Not very often	Che, tikkabaoga No never

Okuluasa omwana anga kulela abayjukuru na-amafanikio gaango.  
Notekeleza oti-amani (ebidii) ago nigamaniyka. Ni gahai na-amazima omuliwa?  
Caring for sick children or caring for the grandchildren is a great achievement.  
Do you think that this effort is appreciated. Which would be most true for you?

**C9: a) Ni-insimwa ali-ekyo na-eka (efamilia) yange**  
a) I am appreciated for it in my family

Niinsimwa mno Very much	Niinsimwa kukekuke Quite much	Tinkusimwa mno Not so much	Tinkasimwaga Hardly ever

**C10: b) Ni-insimwa ali-ekyo na abatani bange**  
b) I am appreciated for it in my neighbourhood

Niinsimwa mno Very much	Niinsimwa kukekuke Quite much	Tinkusimwa mno Not so much	Tinkasimwaga Hardly ever

**C11: c) Ni-insimwa ali-ekyo na abanyansi**  
c) I am appreciated for it in the community

Niinsimwa mno Very much	Niinsimwa kukekuke Quite much	Tinkusimwa mno Not so much	Tinkasimwaga Hardly ever

**P. ABALIKULIPWA BONKAI For pensioners only**

**P1: Ni gangai orubara olwo-olikupata buli mwezi?**  
How much do get every month? (known from records)

TSh

**P2: Amabale aga ikumi nigashana amaela agulikulia omumwezi gumo. Ninka amabale gangahi agarikuruga omuli KwaWazee**

Abalikubaza: Shuba olebe empororo kaneshanangana eiswali lya 18 na 19.

Of all the cash you can spend during a month (=10 stones) how many stones would best represent the pension?  
Enumerators: cross check with answers to questions 18 and 19

Enamba ya amabale: \_\_\_\_\_  
Number of stones for pension

**P3: Nogoberwa otai amalipo? No-gatora iwe wenene?**  
Do you collect it yourself? (known from records)

Ego	Che

**P4: Abalikugetolela: noshemererwa emianda eyobalikugakuheraho omuofisi?**

For self-collectors: Are you happy with the way of the payment? (pension-day every Wednesday)

Nishemererwa mno Very happy	Nishemererwa Rather happy	Tikurungi mno rather unhappy	Tinkushemererwagi Very unhappy

**P5: Abalikutwarirwa: Noshemererwa omuhanda okwo olikuleterwa amaela owawe?**

For non self-collectors: Are you happy with the way the pension is delivered to you?

Nishemererwa mno Very happy	Nishemererwa Rather happy	Tikurungi mno rather unhappy	Tinkushemererwagi Very unhappy

**P6: Olaebilwe amaela gatagobile ago opangirwe kuabwa?**

Have you ever received less than the amount you were due?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpotororo No answer

**P7: Olaulire nkokwo omwaka 2006 akaba alio okushobia nkokwo kityo amalipo gakaba ngaletwa kubikubi. Olaulile kuluga 2006 kuba amaela gabikilwe (kulibwa) na abakozi anga omuntu wenawena?**

You may have heard that in 2006 there were some cases, where the pensions were not delivered properly.

Have you heard that since 2006 money has been kept away (,eaten') by staff or anybody else?

Ego yes	Che no	Tindi kumanya Don't know	Tinyine mpotororo No answer

## ANNEX 4

### Summary of Results from the Standardized Questionnaire (SQ):

A total of 108 questionnaire were completed, 54 of which with older people receiving a pension for at least 14 months (= Project group). The remaining 54 were completed by older people who had been accepted as new pensioners, but who had received a pension yet at the time of the interviews (= Control group). All percentage numbers are rounded.

The complete SPSS-results ,Evaluation KwaWazee' can be downloaded: [www.kwawazee.ch](http://www.kwawazee.ch)

Nr in SQ	questions	specifics	signif. <b>p &lt;</b>	Project Group	Control Group
	<b>comparability of project and control group</b>				
1	age (of all of those who know the age = 78 %)	61-70 71 and older		39 % 61 %	50 % 50 %
2	number of people living in household			3.05	3.11
5	number of children, who might give support	none 1 2 or more		43 % 43 % 14%	50 % 33 % 17%
6,7	state of the house	roof with iron sheets roof intact (keeps rain out)		81 % 46 %	81 % 37 %
9	ownership situation	house land		68 % 59 %	67 % 68 %
11	cash-crops	beer-bananas coffee		74 % 57 %	85 % 63 %
	variety of crops (normal crops 1 p. cash crops 2 p.)	up to 6 points 8 -12 points		34 % 66 %	23 % 77 %
12,13	size of land (to cultivate main subsistence crops)	<i>beans (number of buckets)</i> 0-4 (poorest in land) 5-9 10+ <i>maize (number of buckets)</i> 0-3 (poorest in land) 4-6 7+		30 % 43 % 27 %  85 % 9 % 6 %	22 % 41 % 37 %  76 % 18 % 6 %
14	assets	goats (usually 1-2) chicken		13 % 9 %	22 % 13 %
18	income (apart from pension)	<i>cash income in poor month</i> up to 1'000 TSh		70 %	63 %
19	1'000 TSh equals appr. 0.9 US\$	2-3'000 TSh <i>cash income in good month</i> up to 1'000 TSh 2-6'000 TSh 10'000 TSh or more		24 %  30 % 64 % 6 %	30 % 21 % 71 % 8 %
				Project group	Control group
	<b>crisis management</b>				
15	sales in need of cash in last two years	sale of land		11 %	21 %
24	savings	perc. of people with savings	<b>0.013</b>	28 %	8 %
25	daylabour last month	never 1- 4 5 and more times		77 % 12 % 10 %	68 % 16 % 16 %
	material support in the last month	neighbours friends clan family		50 % 52 % 19 % 46 %	56 % 46 % 20 % 54 %
23	ask for support in last 3 months (begging)	never 1-4 times 5 and more times	<b>0.002</b>	57 % 39 % 6 %	30 % 48 % 22 %

	<i><b>nutrition</b></i>			Project group	Control group
28	number of meals per day	1 meal 2 meals 3 meals		4 % 91 % 6 %	9 % 89 % 2 %
29	satiation after a meal	satiated a bit hungry hungry	<b>0.002</b>	54 % 44 % 2 %	26 % 57 % 17 %
31	satiation of other members of HH	satiated	<b>0.036</b>	53 %	33 %
30	hungry in last week after meals	never a few days everyday	<b>0.013</b>	44 % 39 % 17 %	19 % 61 % 20 %
32	variety of food (apart from maize and bananas during the last month  (selection)	beans fish dried fish meat milk rice	0.002 0.017 0.034 0.006	70 % 61 % 80 % 30 % 30 % 54 %	63 % 31 % 85 % 11 % 13 % 28 %
32	different types of food last month	1-4 types 5-7 types 8 and more mean	0.013	22 % 52 % 26 % 4.96	37 % 50 % 13 % 4
	<i><b>health</b></i>				
33	soap use	n. pieces of soap used per household last month	<b>0.075</b>	4.7	3.8
34	how much would you need	n. pieces necessary degree of satiation		8.1 0.59 %	7.9 0.49 %
35	bedsheets in household			70 %	57 %
36	state of health last year	never or rarely sick often or always sick (often) (always)	0.200	33 % 67 % (45 %) (22 %)	31 % 69 % (32 %) (37 %)
37	very sick last time	last month last 6 months before		31 % 52 % 17 %	32 % 57 % 11 %
39	bought medication last three months			70 %	68 %
	<i><b>psychosocial wellbeing</b></i>			Project group	Control group
41	1. anxious about future	not or not very often quite often or most of the time		44 % 56 %	11 % 89 %
42	2. stressed in certain situations	not or not very often quite often or most of the time		52 % 48 %	24 % 76 %
43	3. feeling fine and confident	often or most of the time not often or not at all		46 % 54 %	30 % 70 %
44	4. feeling lonely	not or not very often quite often or most of the time		56 % 44 %	37 % 63 %
45	5. feeling like not wishing to see anybody	not or not very often quite often or most of the time		96 % 4 %	94 % 6 %
46	6. difficulty with sleeping	not or not very often quite often or most of the time		54 % 46 %	35 % 65 %
47	7. unhappy and crying	not or not very often quite often or most of the time		63 % 37 %	54 % 46 %
48	8. proud about good coping	often or most of the time not often or not at all		52 % 48 %	20 % 80 %
49	9. find a way out of a problem	often or most of the time not often or not at all		45 % 56 %	41 % 59 %
	wellbeing Index 41-49 (100=highest value)		<b>0.001</b>	55	44
	<i><b>perceived change in the family support</b></i>				
52	support for their own aged parents	a lot a little or no help		94 % 6 %	96 % 6 %
53	support by their own children	a lot a little no help		26 % 38 % 36 %	21 % 49 % 30 %

				project Project reported change	control Control expected change
54 55	bigest changes with pensions (the 2 most important things had to be stated)	basic needs (kerosene, salt, soap) food clothes blankets special food medical care school material house repairs other		24 % 25 % 20 % 8 % 6 % 2 % 4 % 4 % 7 %	16 % 31 % 18 % 16 % 5 % 3 % 4 % 3 % 4 %
56	where the pension isn't sufficient (the 2 most important things had to be stated)	house repairs build a better house matress, blankets health buy animals clothes sufficient food investments other		16 % 13 % 20 % 16 % 6 % 5 % 5 % 7 % 13 %	
		<b>project group only</b>		proport. pension to spending	proport. pension to income
P 2  20	1. estimated proportion of the pension to all the money which is spent during a month (= 10 stones)  2. estimated proportion to whole income (=10 stones)	1-3 / 10 4-5 / 10 6-7 / 10 8-9 / 10 10 / 10  average:		0 % 20 % 44 % 22 % 14 %  71 %	2 % 34 % 32 % 24 % 8 %  66 %
	<b>caresituation</b>	<b>carers only</b>			
C 1	worry not to offer g'ch. sufficient food and clothes	never or occasionally often or most of time	<b>0.019</b>	48 % 52 %	22 % 78 %
C 2	worried that g'ch. couldn't go to school	never never or occasionally often or most of time	<b>0.008</b>	46 % 68 % 32 %	8 % 27 % 73 %
C 3	school attendance	went every day missed one or several days didn't go at all		63 % 19 % 18 %	54 % 38 % 8 %
C 6	living with g'ch. has been difficult	never never or occasionally often or most of time		55 % 83 % 17 %	39 % 75 % 25 %
C 7	things get on top of me	no or not very often yes, sometimes or very often		72 % 18 %	29 % 71 %
C 8	g'children are a great help	very often or quite often very often quite often		90 % 28 % 62 %	96 % 54 % 43 %
	<b>delivery of pensions</b>				
P 4	satisfaction with the way the pension is delivered	self-collectors (38) very happy non self-coll.: (16) very happy		100 % 100 %	
P 6	have you ever received less (39/54)	yes no don't know		10 % 87 % 3 %	
P 7	have you heard that money has been withheld ('eaten') by somebody since 2006 (48/54)	yes no don't know		10 % 73 % 17 %	

## ANNEX 5 (Case Studies)

### Case Study 1

#### **“What I like best about my house is that it is mine.”**

I live with this young boy T and an older boy P. They are my grandchildren. T who is in standard one is seven or eight years old while P is in standard four, about ten or eleven years of age.

Can you see this mark on my leg? They harmed me, it happened in the place where I was married – not far from here. After my husband died, my son tried to take my house and he had paid some people to kill me. I cried and fell down and I came here to my sister's place and was treated here in this village. That was about 10 years ago, before this young grandson was born. Later I went to court and stayed with my sister while the case was on. After the court case I went to the village chairman and he advised me to leave that place, so I stayed here. Now my sister has died.

My sister was blind and the son who was caring for her took care of us both. He helped me during the court case and I won the case. In the court my son sat on a chair while I sat on the floor. The judge asked my son “Is this your mother?” My son said yes. A second time he asked him “Is this your mother?” and my son said yes. The judge asked my son to leave that chair so that I would sit on it. Although my son appealed to the secondary court I won the case.

I got this land where I am now from my father. I was building this house while I was staying with my sister. When I won the case I got the iron roof from the previous house that I lived in with my husband before he died. I bought those iron roof sheets from the sale of coffee from my father's shamba. I was born here. When I married I moved to that place with my husband. It is when my husband died that I quarreled with my children and came back to this place.

I had 10 children. Three are still alive. One is the son who took me to court – he sold the land and disappeared. The eldest one is mad and the other one is the mother of these two grandchildren. There was another one who was the only one supporting me but he got killed somewhere last year. The mother of these two children lives nearby.

The grandchildren stay here to look after me, they fetch water for me and carry banana into the house for me when it is cut. The main problem is my leg - as you see I carry a stick when I walk and I don't have energy to walk far. So I always stay here.

The good thing in my life is that I have my own house. If I want to eat I can eat, if I don't want to I don't. I used to cry and think “When will I get my own house?” It rained on me but I had to keep quiet because I did not have my own house. This is something good. Every day, even if I have no energy to go to the village I can stay nearby and talk to the neighbours and then come back to my house.

My main worry is that my house will fall down, then what would I do? Part of the house is supported by posts. During the dry season I think of repairing it as the posts are there but the mud to make the walls is a problem. After this I need clothes and bed sheets. You see this kanga I am wearing? I bought it when my husband was still alive. And we all sleep together using one sheet and one old blanket.

*female pensioner who cares for two grandchildren.*

## Case Study 2

### **"And don't leave your children here", he said**

I was born in Nshamba. When I got married I moved to my husband's place. We had seven children together when he started to behave badly. He became a drunkard and sold the farm where we were staying. I went to the priest of the Roman Catholic church. He told me that they were constructing a new church somewhere else and that there would be enough land for us. "And don't leave your children here", he said. As promised he bought a piece of land for me. That was in 1973. I shifted here with 5 children.

When I arrived here, the eldest - a daughter - died. I had left 2 children with their father but later on the husband followed me here. He died a few years later. I moved here because of the trouble I had as I had no food for my children. First I was okay but then my children left me or went to other places and I was left alone. Now I have just one child left, a daughter who is married. The others got lost, they went away and I had no contact anymore.

Four of the seven children have died, I buried them. Two were brought home dead and another sank in a river. The fourth to die was just newly married. Of the three alive, the first one married near here, she is now a widow. The other one was taken away by a woman as a housekeeper, when she was a girl. I have never seen her again. I sued the parents of that woman that took her. But they said you have to wait because we don't have any contact with her. I sued again, to tell her she should bring my daughter back, but then the father died and I gave it up. The other daughter is just wandering around.

We couldn't make a living while my husband was still alive, because of all the alcohol. The white man (from the church) gave the children clothes. He even gave me the money when I had to go to the hospital. And he would regularly bring a bunch of bananas and a little money. I would economize, so that by the time it was gone the white man would come again. I also grew some plants like cassava and sweet potatoes to supplement.

The grandson, I took him to my house when he was 3 years old. They brought him, because the marriage of my son and his wife had fallen apart. and he had left to the island. I did not see my son until they brought his coat and trousers to tell me he had died in the river. The grandson is 16 now, in Standard 3, so he is behind. I haven't seen his mother, she was not from here. The other two grandchildren were just left with me with no notice. When I arrived at home there was a crowd, who said a woman had left these children saying they were near home. When I went to the chairperson and informed him, he advised me that it wouldn't be good to reject my grandchildren. That's 7 months ago. They are both girls, 3 and 4 years old. I went to the church and wanted them to be baptized, but the priest refused and said I should wait for the father.

How do we make our living now? We weed our plot and grow cassava and sweet potato, which we sometimes sell. Then we have some coffee plants, a few yams, bananas to eat and a few beer bananas to sell. But sometimes I keep the juice for the grandchildren. Of course the boy helps, but he is in school most of the time. He is several classes behind. On Saturday he fetches wood and usually gets 2 bundles to sell for Tsh 300 each.

As for the grandchildren: What they cook is what they eat. When I get this little money I buy some more food, like rice. When I collect the pension I always make a nice meal. I could also buy a bed sheet for the children for Tsh 4,000.

So I feel happy and I thank God for what he has done to me that I now have the capacity to care for them. But when I die, they will end up anywhere. I have nobody to give them to.

So the better time in my life really started when I was accepted to the programme. From the first money that I received I took Tsh 1'000 and thanked to the church for the wonderful thing God had done.

*female pensioner caring for a grandson and two granddaughters*

## Case Study 3

### **"I could at least find peace because I had my own place"**

I came here in 1950, I was working for Arabs. My parents were living in Karagwe but they died. When they died I came here. I was still very young at that time and if I had been blessed to go to school I would have been in standard 3 or 4 (11 or 12 years old). The Arab person brought me from Karagwe and I couldn't realize where I was until I was working in his house. I was the only child.

I don't have any special event to remember the time that I came to live in this house. But it was when the leaders were settling the land and allocating villages so they wanted to know my origin. That was about 1972. By that time I had a little money that I had earned from the Arabs and I had no other possibility so I decided to buy a plot here. I couldn't stay with those Arabs any longer and I had to come here.

I cannot say that I had a totally happy life. Although I stayed with Arabs and had food to eat and clothes, I couldn't say it was a happy life as I had no relatives and no stability. The reason I came here was because of all that suffering. For us who don't go to school it's a bit difficult to remember – maybe I was 30, a young man not an old man – when I started this on my own. By that time when I left the Arabs I could at least find peace because I had my own place. It was quite a while later that I started feeling ill – my legs began to hurt.

I stayed here and later I married. We could therefore work together to earn some money doing day labour. But sadly the land wasn't too good and it needed manure. As you can see from that coffee plant – the land is not good.

With my first wife we were blessed to have one daughter. With my second wife we had two children – one girl and one boy. My wife is not here at the moment; she has gone to visit her home. The eldest daughter is married in another district about 100 kms away. The mother of this elder daughter was married for a second time somewhere near here. The children of my second wife are still young. The first, a girl, is seven years old and the other one, a boy, has just stopped breast feeding. The girl is in standard one.

My legs have been painful for four years now. Before this – even though I was old – I had energy and I made stones for construction of houses. I needed support – but how can you get it? Even if you tell the local government you can't get anything so I didn't go to ask. Life wasn't difficult when I had my children otherwise I wouldn't be living with them now – it was just normal. But the house is too small and it is also getting tired.

On my shamba I grow cassava, cocoa yam, sweet potatoes and seasonal crops like maize, beans and banana plants. I don't sell much. When I'm hard up I always sell premature coffee. In the past when there were good yields I would sell illegally – not to the society – and they would give me TSh 1,500 for a sack. But it wasn't dry. It was mature but not dry. This would be about four years ago. Now I am 62 years old. My wife contributes by weeding, growing sweet potatoes and maize. Sometimes she does day labour in the villages.

If I will still be alive when I get my pension, the main thing will be to repair my house. So I will repair my house even if my family eats very little from this, so that if I die they will have something left. This is because there is nothing from the government to support us. Even if you go to the dispensary there is no free treatment. You have to beg someone to get some small money for the dispensary. My first priority is my house and some little things for the small child. I will not sell premature coffee from the shamba now. The other things will come later.

*male, not yet a pensioner, living with his second wife and two young children.*

## Case Study 4

### **"I'm sure they will remember how their granny cared for them."**

The one thing I like most about my house is that I'm living nicely with my grandchildren and that sometimes when I feel like eating something different I can do it now.

It must be nearly 50 years that I am in this place, where I moved after the wedding. The sister of my husband married into our village and brought us together. We used to meet at the sister's and after a couple of months we decided to marry. Without telling anything I moved out of the house one day and left a few important things as the sign that we would marry. A couple of days later my husband had to go to my family, do his duties and pay. That's how it was done when you couldn't marry in the church.

Of our 11 children 7 are still alive. Two girls have moved away and are still married, the other two were abandoned by their husbands. One went away to the towns and left me a girl, the other one has moved into my house with her child.

My husband, a son, my father and another son died one after the other. Despite all of this the time after my husband died turned out to be the easiest period in my life, because the property of my husband was not divided as the boys had not married yet. The sons supported me and I had enough coffee to get money. Only when my sons married the land was distributed among the brothers. Yes, they all built their houses on our shamba and got their small plots. But since then they had to support their own families and couldn't do much for me. When one of them died, his wife came with the three children and went away. I have not seen her since.

The youngest son inherited the house but as long as he lived alone I could stay. This changed when he got married some 3 years ago. First we still lived together and I cared six month for his wife, who stayed in her room and wasn't allowed to leave the house in that period. This is how it is done with wives who don't have to go to work. Sometimes it is nine months or even longer. When the baby was there my daughter-in-law didn't want me in her house anymore. So my son gave me 14 iron sheets that I could build my own house.

That's when things got really difficult for me, for the five grandchildren and my daughter. We had to do a lot of day labour. I had very little energy left that time and just accompanied my daughter to get some food. When we got money for the work we could buy essentials like flour, ugali and kerosene. I was full of fears and worries every day: How could we continue to live like this? Would it ever be better again? My daughter, a Born-Again kept saying "Give yourself a hope, one day God will help".

Yes, that day I went to the office and I couldn't believe it, when I received the money. On the market I bought food, fuel, soap and whatever else we had missed. I said to the children, "Today is a fine day, God has listened to us". They told us, that we could come again next month, but all the time I asked myself, will they not change their minds?

We normally have our discussions in the kitchen while we are cooking. I would suggest that we should buy this and this with the pension. Then a child would show me her uniform that is torn. In turn they all accompany me to collect the pension and we would get our things.

When my mother who lived far away and separated from my father was dying I moved to her until she died. When my father died I did the same. After three weeks he died. My grandchildren? I'm sure they will remember how their granny cared for them.

*female pensioner, aged 67, living with two grandsons and three granddaughters*

## Case Study 5

### **“When my husband died there was nowhere to stay”.**

I live here with this man who is my son. After my husband died I could no longer live in that place so I came here.

Where I stayed with my husband was not our own home. My father-in-law had migrated from a place where there are people who come from another region. He migrated with his son to the sub village of Nshamba where we lived. Some people helped us to build a house but it wasn't the father's own place so it was temporary. When my husband died there was nowhere to stay so I started wandering and I moved back to my father's house which is not far from here.

I stayed there in my father's place for many years – it was during the time of Idi Amin and the war between Tanzania and Uganda. In 1978 when my father died I moved here to this place. I got help from the Catholic church to help me build this house here. I bought this plot. After my father died we divided the property and I sold that place and built here. My sister was married here and she told me not to go far away and organized for me to buy the plot here.

I had four children. The first one died and that made me very sad as he could be supporting me very much. The second is my daughter who is the grandmother of this child here and who lives nearby. Then is my son who you see lives with me and then a daughter who is married and lives in Kenya. So I have one son and two daughters alive. My daughters both have eight children so I have four great grandchildren and 16 grandchildren. This son here – I don't know if he has any children in another place.

Before coming here I have very little experience of farming. We cultivated simple crops and my husband was a craftsman for house construction. We had no plot as we lived on someone else's land. I was a young mother in the house of my father-in-law so I just planted a little in the planting season.

Now I grow sweet potatoes on some land not far from here – these are for eating. In this shamba around the house I work as others do. There is not much – just a few bananas which I bring here for food. It's a small shamba about half an acre and there isn't much room to mix with other crops. I thought about growing coffee but there isn't room. I do this work on my own but I work slowly as I have not much energy. It is okay staying here because I have nowhere else to go.

We eat little foods. Yesterday we had bananas for one meal and cassava for the other. Because of the small size of our plot our main food is ugali – we have not enough land so we buy this maize. If I could buy other foods I would buy rice. Sometimes I feel fed up of ugali and would like some meat, beans and fish. I have nothing to sell if something should happen. I have no goats and I only have this one bucket.

When I get some money I would thank God very much. I don't like alcohol so I wouldn't buy that. But I like this ugoro – this powdered tobacco that we chew. And you can see how torn and old my clothes are – I will also buy new clothes. Things like food will also come later. Ugoro is my first priority!

My biggest worry is my house. You see when it rains heavily the house is full of water. I don't have anywhere to cook outside and nowhere to sit. It is difficult to think of the future but maybe I will have better clothes and maybe a small animal.

*female, not yet a pensioner, living with her son who is ill and cannot work.*

## Case Study 6

### **"I can't stay around just waiting for death to come."**

This is where I was born on the land of my father but the house now belongs to the son of my brother. I live with this nephew S who owns the house, his two daughters, his son and his son's wife and their baby. The son, wife and baby are here temporarily while a house is being built for them.

Through my husband I had one child who died after three months. After this he abandoned me so I started going to towns for about four years. I would come here to my father and mother and then go back to the town. It was a long time ago since I came back for good. In town I had no relatives so I came back here.  
It is so long ago that I came back. I am about 83 years old – I'll show you my certificate.

I had only one brother on my mother's side, the father of S. He died so I am alone on my mother's side. On my father's side there were seven children. One died and six are still alive. S the owner of this house is living on one of the islands.

When I went to the towns I went first to stay in X – living as a farmer growing beans. Then I went to Dar es Salaam where I also stayed as a farmer. I had my friends who also rented houses and farms. Many of these have already died. I was living off the land and did no other work. That was a long time ago. It was the happiest time of my life when I was in town and I could buy clothes. I saw myself as a rich woman. I just decide to stop being in town as I knew that I could spend all my life there but when I died my body would be buried here. I could be alone.

When I came back I continued farming. I couldn't do day labour but I farmed. My mother, S and I were together farming. This was for many years. Life is always sometimes hard and sometimes easy – there isn't a time when it is one or the other. At this time life is hard because I don't have energy to work on my own. The hardest times were when my mother died, my father died and my child died. I remember those times. Only god helped me then.

I can't remember exactly when I came to this house but many children have been born here. This grandson (son of S) and his brother were both born in this house – one is 28 years and the eldest is over 30 years.

On the shamba outside we grow maize, beans and bananas. I have enough to eat but I have only two coffee trees. I don't have my own shamba – this belongs to S. Although S is away and doesn't come very often he helps with the shamba. The shamba supports seven people who live here.

I have eye problems so I can't do any farming at the moment, otherwise I would be weeding. We sell some bitter bananas and sometimes bananas for cash and sometimes a little coffee even if it is just one kilo. The prices have decreased for sweet and bitter bananas over the last few years – you can only get 1,200 for two large bunches now. We just have to take whatever we get. We can't do anything and we can't steal from others.

I think that when I get the pension I will give 3,000 to people to reconstruct the kitchen with mud. I can buy soap and fish. I will mix bananas and rice to make variety. I will be able to buy small medicine from the dispensary. Apart from my poor eyesight I get fever – I'm not sure if its malaria. I go to the dispensary to get tablets and each time I spend 400 or 500 shillings. I'll be buying rice and I'll go to the hospital for treatment because I can't stay around just waiting for death to come.

*female, not yet a pensioner.*

## ANNEX 6

### Household survey on income and expenses

Extracts from a survey, which was carried out between April and June 2007 by the KwaWazee Team with members of the Psychosocial Support Groups.

#### **Explanation:**

Although discussions with pensioners often touched income and expenditures, the KwaWazee programme wished to get a deeper understanding of the income and expenditure structures, also with the objective to become more competent in handling pensions.

In discussions with the three PSS-groups which meet regularly twice a month, in early 2007 more than 40 grandmothers declared to be ready to register the daily income and expenditures during one month.

Grandchildren in school age and the grandmothers were trained during half a day in registering income and expenditures. Pensioners of the villages Itongo and Kihumulo did the survey in April 2007, Nshamba followed in June (just after the increase of the pension).

The staff visited the households and tried to monitor the process. Some of the reports were incomplete and couldn't been used. 31 reports have been processed, from 31 households hosting 66 grandchildren.

The survey doesn't claim to be strictly "scientific" – the program hadn't the necessary man power. Nevertheless it gives some idea about the role of the pensions (together with other sources of income, for example sale of coffee which is a very seasonal source of income) and the distribution of the household expenditure. The difference between the income and the expenditures has been explained as "We got some contribution when I have been in the village, and we have forgotten to register it as income" and as loans requested from the shops.

	<b>Itongo</b>		<b>Kihumulo</b>		<b>Nshamba</b>		<b>TOTAL</b>	
<b>Household Expenditures</b>								
Number of households (in brackets: grandchildren)	10 (14)		11 (30)		10 (22)		31 (66)*)	
*) average Pension + Childbenefit per month: TSh. 12,390 (9,260 until May 2007)	TSh	%	TSh	%	TSh	%	TSh	%
1) Total expenditures (for all households)	223,125	100	312,120	100	302,865	100	838,110	100
2) Food, amount and % of total expenses	126,845	56.8	244,450	78.3	222,545	73	593,840	71
average per household	12,700		22,222		20,331		19,156	
Maizeflour: amount and % of food expenses	46,285	36.4	98,350	40.2	79,475	35.7	224,110	37.7
3) Soap, Body Oil: % of total expenses	17,950	8	12,000	3.8	11,750	3.8	41,700	5
4) Kerosene	14,600	6.6	17,100	5.5	11,450	3.8	43,150	5.1
5) Expenditures for children (school, clothes etc.) amount and % of total expenditures	34,930	15.6	43,300	13.9	36,900	12.2	114,830	13.7
6) Expenditures for medicine:amount and%	15,900	7.2	14,300	4.6	19,740	6.5	49,940	6
	<b>Itongo</b>		<b>Kihumulo</b>		<b>Nshamba</b>		<b>TOTAL</b>	
<b>Household Income</b>								
Total income	177,950		220,350		201,970		600,270	
Selfgenerated Income	83,050	46.7	75,450	34.3	92'470	45.8	250,970	41.8
Sale of coffee (% of selfgen. income)	23'000	27.7	25,150	33.3	44,000	47.8	92,150	36.7
KwaWazee: pension+childbenefit + health support % of total income	92,800	52.1	123,000	55.8	108,000	53.5	323,800	53.9

## Follow-up discussions regarding Household-Survey

### ITONGO

#### **Topic: external support (gifts etc.)**

The reports showed that some of the grannies are receiving a good number of gifts, mostly in kind, sometimes also in cash.

*Q. Who contributes?*

Friends, neighbors and relatives. If there is an event (e.g kipyamara of children), you can give them the information and ask for a contribution

Others come to your house and see that you eat cassava (which here is a food of food shortage and poverty), then they can go home and send you some food, e.g. some beans. One granny reported that people helped her recently when her beans for planning have been stolen

*Q: Do you have to give something back?*

They agreed very strongly that reciprocity is a MUST. J, which is somehow young and can work for food, said, that if you got a bunch of bananas, you should take some of them and give it to friends etc. who helped you.

*Q: So I assume that the number of supporting people you have is crucial.*

They agreed again strongly. We help each other. When you miss beans or soaps, somebody can support you. We are living because of cooperation. You can't stay alone and survive. If one gets sick, neighbors take you to the hospital and cook food – they support you more than the family.

*Q. How many people do you need in order to survive.*

As many as you can. It depends on yourself. You have to be kind and friendly.

*Q. Can you survive with 5 support persons? Or with 2?*

There was some discussion, but finally they agreed that 5 might be sufficient. Two is not sufficient – if one would become sick, then only one would remain.

*Q. And when you are so poor that you have nothing to offer?*

To be kind and to love the other people, is enough. There are some people, especially men, they don't go to visit other people which is bad. They will not be supported.

#### **Topic: survival**

*Q: What would happen if KwaWazee would stop the payments?*

Life would be limited – we would die soon, we could not get enough support from outside. Because we have now some money, we can also increase and maintain our relationships. The kids would start to steal from the neighbors – maybe we would be already in the prison.

#### **Topic: additional income**

The main cash crop in June was coffee.

*Q.: If you get an extra income for some months (coffee is harvested from May to July) how do you use the money?*

It helps us to buy some extra things, but mostly we use it for food.

Formerly they sold often the coffee on the tree before the harvest, at a very low price: a bag of coffee is no 40'000/=, but on the tree you might get 7-15'000=/. Or they offer you a bag of maize flour, worth 18'000/= for two bags of coffee. Since we get the money of KwaWazee, nobody sells anymore the coffee on the tree.

Most of them told me that they get an additional cash income of about 3'000/- up to 5'000/= per month.

### KIHUMULO

#### **Topic Household survey:**

In Kihumulo there was a substantial difference in the indication of the income (220'000/=) and the expenditure (310'000/=)

*Q: Do you have any explanation for the difference?*

Sometimes we get loans from the shop. Then we write the expenditure, but in reality we didn't pay it yet

Sometimes you may forget it to record. You receive a little amount, and you go to buy something.

#### **Topic external support:**

*Q. From where do you get the support?*

From friends, from neighbors, from clan members, but especially friends and neighbors. One granny reported support from clan members.

*Q. Is the support from clan members the rule or an exception?*

It became very clear, that it is an exception. Clan members promise support, when the parents of the grandchildren die, but normally nothing happens beyond words. Even worse: they mislead the children so the clan members can take the assets to the late parents. They want to take the things for themselves. They say to the children that the bibi is doing wrongly and that the children have to shift to them – but the real reason that they want to take the properties. They don't support the children – even they want them to die. "Our clan members are KwaWazee and the shops who give us loans".

*Q. Who can you get friends?*

You are friendly to the children – you give them something if you have something. Later they will also support you

You have to assist each other and you make mutual visits, to cook for somebody.

### **Topic survival**

"We would die soon" was the strong opinion of all of them. There would be no good food, no soap, so the health would get worse.

Formerly we used tires in the night to have a light which is very dangerous – the house can burn, Now we can buy kerosene and are save.

We couldn't get anymore loans for buying food because we have no regular payment anymore.

We would be very depressed as we have been before (mawazo)

### NSHAMBA

### **Topic network**

All agree that the social network is very important. Jalia: "Some people are kind. Somebody can give you 1'000/-, knowing that you are poor. If you have something to eat, you eat together – so people are involved"

*Q. Is this also true for the others members?*

Because there is love fr a person in your heart, you speak with this person, or you give advice. These are signs that you are in love with this person, and so you build relationship.

If you share your knowledge with somebody, you give them local medicine or you keep the children – then you build relationship.

*Q: So you have to care for relationships?*

All agree. Relationships comes from love, from support.

*Q. Are there people without network?*

No. One member tells how she produced banana juice and offers it to the children when they come from school. Later, as grown-up they will remember and support you.

*Q: Is there a difference between man and woman?*

For women it easier to get support. Women are also more dependent on support. Men can do something on their own or they get support from their children or clan members, because later those children and clan members will get something from him (shamba etc.)

*Q: Who is most important: clan members, friends or neighbors?*

It seems that neighbors, and then friends, play the most important role.

Clan members are far. Clan members are not supportive – they are like your enemy. They feel better when you die. Cln members are not longer there. Maklaudia was very sick – who helped and advised her was David, not the clan members. The same is with KwaWazee.

They quoted a proverb: "Ayakubera nakira omunyaruganda" (the one who support you is the one who is your clan member and you have relationship)

Friends and neighbors are sending children with something.

### **Topic impact of the pension on the relationships**

*Q: Do your friends and neighbors know that you get support from KwaWazee and are they happy about it?*

No, we keep it as a secret – it they know it, they can't be happy.

We are a group of four, we go together to the meeting. The people ask: "What are you doing? They want to see, where we go and if we are getting something. We tell them that we go to the church

If they would recognize that you get support they would stop to support you.

One tells the following story: The neighbor is an old woman. She saw me go to Nshamba. She recognized that I get support. Then she came to be registered in KwaWazee. Then we met once during the payment. She complaint: You didn't tell me. I explained her that KwaWazee would chase me if I would told her.

*We had after a discussion about this point. We never told them to hide the membership in KwaWazee – maybe we told them that we can't accommodate more because of financial constraints. I told them that we are happy if they identify really needy old people. Jalia told her experiences where three of her friends went to register, but two of them are quite well off – and have been rejected. She was very satisfied about it.*

## ANNEX 7

KwaWazee: Short analysis of the exploration with grandmothers and grandchildren  
By Kurt Madörin (September 2007)

| **High mutual interdependence:** One of the most striking points was to realize that the two groups – grandmothers and grandchildren – are highly interdependent. The grandchildren depend on grandmothers for their love and their support, the grandmothers give them a sense of identity and they teach them. But the grandmothers depend themselves highly on the grandchildren, emotionally and in terms of services. Many grannies acknowledge that they would already have died if the grandchildren wouldn't care them.

| **Benefit seems to be higher than stress:** There is no (direct) indication that this mutual dependence is harmful. Both groups emphasize that the benefit for their psychosocial wellbeing of this (involuntarily) arrangement is much bigger than the elements of stress.

| **Stress for grandmothers:** Nevertheless grandmothers suffer under the responsibility to bring up these children – mainly because of the economic vulnerability. They feel guilty when they can't provide the necessary care for the grandchildren

| **Stress for grandchildren:** On the other side, grandchildren are stressed by the amount of work they have to provide, including the care for the grandmother.

| **Stress for both:** Uncertain Future. Both groups are aware that the actual arrangement is a temporary one, because of the age of the grandmothers (this I know from other discussions – it was not subject of the exploration) which constitutes a very high stress factor.

| **Structural challenge:** Crossed expectations. A structural element in the relationship between grandmothers and grandchildren is the crossing-over of expectations which might constitute a difficult and unusual element. The middle generation has disappeared but it was this middle generation who was the target-group for expectations from both groups – the grandchildren and the grandmothers. The grandchildren expected that their needs would be fulfilled by the parents. The grandmothers expected that their needs for care and support would be fulfilled by their own children. Grandmothers have now to respond to the expectation of material care by the grandchildren, grandchildren have to respond to the expectation of care by the grandmothers.

| **Structural challenge:** Different “cultures”. Another intergenerational gap between the first and the third generation might be nourished by the fast cultural changes. The grannies have – of course - other ideas of “obedience” than the children. In the context of a heavy workload of the children and of physically weak and tired grandparents conflicts go along this line – children feel that their right for play and rest is sometimes neglected.

## Conclusions

- Grandmothers and grandchildren mutually caring for each other is a frequent and a highly potential arrangement in terms of psychosocial wellbeing, which needs economic support.
- Nevertheless this potential is often frustrated and endangered by the burden of the economic survival and therefore by a very limited space for decision-making.
- Economic support for example in the form of cash transfers has a considerable impact on the psychosocial wellbeing and, as part of it, on the relationship between the two groups. Cash transfer allows deploying the inherent potential of care and support for both groups.

## ANNEX 8

### Impact study – children's activity workshop

To be administered in groups of 10 (5 boys and 5 girls) over one day to project and control group.

Introductory games and explanations

#### **Activity 1: Time usage**

##### *Part 1 Looking at work*

Draw circles with chalk on the floor. What work are you doing in a normal day? As the children tell what they are doing let some of them draw a picture to show each work activity.

Discuss:

Which work are you doing before school?

Are you ever late for school or not going because of this house work?

Who does work after school?

Are you spending time looking after your grandmother? What do you do for her everyday?

What are you doing if granny is sick? When was the last time she was sick? Is she sick often? Are you helping your granny with any other things that are for her?

Ask about work to earn money if it has not come up.

Who is doing work to get money? Show with a bean if you are earning money from any of this work in the circles.

Fill in *table 1*

Why do you do it? What do you need the money for?

Here are some flowers. Put flowers next to the nice work.

Why do you like this work? What makes it good?

Here are some stones for heavy work/difficult work.

Why is it difficult?

##### *Part 2 Looking at time for relaxation*

What do you do when you have no school work, no house work, nothing that has to be done? Some of these things?

Show picture and add things they do. Now I am giving you some beans. Each bean stands for 1 hour. Think of how many hours you had time to do these things in the last week and one by one place your beans on how many hours you spent doing something like this on each day. If you did not do this at all – don't place a bean.

Record for each child. *Table 2*

Pic of play, resting and talking and mon to sun.

Do you have enough time for yourself?

Why do you need time for yourself?

How are you feeling when you do not get time for yourself

## **Activity 2: Material wellbeing**

### Food

Now we are thinking about food. Sometimes when we have eaten we think we could eat some more.

Show 3 plates of food one by one.

Sometimes we do not need any more food because we are full.

Sometimes we want just a little bit more.

Sometimes we want a lot more.

Think about your self and most days. Most days are you wanting no more, a little more or a lot more. Go and put a cross next to the one that you most often want. *Table 3 on a flip chart*

Now what kind of food are you wanting on your plate?

What do you eat normally?

Would you like something different?

Do you have sometimes dagaa – how many times in a week? *Table 3*

### Soap

I will give you some paper with two columns on it. At the top of the left hand column tell me how many pieces of soap you are needing in one month in your house?

Now draw pictures of what you are doing with this soap.

Now on the right hand column. Tell me how many pieces of soap you really have. Now draw pictures of what you use this little soap for – what are you not able to do?

*Table 3*

What are you doing if you have no soap?

When was last time you had to go and ask a neighbour?

### Medicine

Since June (last big holidays) have you been in the dispensary?

How many times since June has your granny bought you medicine?

Is there any time since June that you felt you should go to the dispensary but you did not have money to go?

## **Activity 3: School**

### Part 1: Barriers to going to school

Draw a quick picture of a school. "This is a school in Nshamba." Show silhouette figures. "This is Fatuma and her brother Ernesto. Sometimes they do not go to school. What stops them from going to school?" Make a list on a large piece of paper as they list them and then talk about them.



Discussion about reasons and frequency.

Who is mostly missing school? Are children living with grannies missing school more than others?

Now we are going to think about the time since the small holiday (September)

Did you miss school at all during this time?

How many days?

Say why?

Could be more than one.

because you were sick

because you were chased away from school - why?

because you had to work in the fields

because your caregiver was sick

because your bibi has sent you somewhere

because you didn't have school materials

because you ran away

other (state)

*Table 4*

In the case of children who are not presently going to school ask:

When did you stop to go to school?

Why did you stop to go to school? *Table 5*

Would you have liked to carry on going to school? What is the value of school?

*Part 2: An activity to look at relationships with other children and with teachers at school*

Picture of a child on a flip chart or two large silhouette figures.

Would a teacher know that he is living with a bibi?

How would a teacher recognise that this child is living with a bibi?

How would a person in the dukkah recognise that the child is living with a bibi?

How would other children fetching water recognise that he is living with a bibi?

Do people know that you are living with a Bibi? How/how not?

**Part 3: Progress**

Make the children sit far apart from each other and give each a glue stick, a silhouette figure and a picture of a ladder. Hold up a silhouette figure.

"This is you. Think about how well you did in school this year – maybe you did very well – then you are at the top of the ladder – maybe you did veeery bad then you are at the bottom of the ladder. Maybe you did just ok then you are in the middle. Take some glue and place your self where you think you were. No one else will see your picture except me." Take all the pictures in and place them where no one else can see.

Score of 1,2 or 3.

Now take another silhouette figure and a ladder and place the figure at the top of the ladder.

"What do children need to be here at the top of the ladder?" Give time for a discussion. "What makes children to be here at the bottom – what happens in their life that they are here?"

#### **Activity 4: Emotional stress**

*One child to hold basket on their head. Take a pile of stones and say.*

*“Sometimes things happen to us and we have many stones in our lives. Things that make our basket very heavy.”*

*“What are those stones?”*

*As you put the stones in let the children name them.*

*“Did anything happen in your life to make your basket of stones lighter?”*

*“Is there anyone here who has been able to take some of the stones out?”*

*“Which stones were taken out.”*

*“Who or what helped you to take them out?”*

Fill in table 6

#### **Activity 5: Relationships in household**

Part 1: Relationships with Bibi

We heard from the bibis that if the bibi buys the child some shoes for school or some clothes this makes children to help the bibi more.

Is this true?

Also the bibis told us if there is food for the children after school the children are happy to fetch water and wash the clothes.

What happens if the bibi cannot buy the shoes?

What are the children doing when the bibi asks them to go and fetch water or firewood?

What happens if there is no food?

What happens if there is no dagaa?

What is happening in your house? Are the children happy to do work for the bibi?



## Annex 9

### Emotional Stress Scale<sup>1)</sup>

*Directions: Here are some sentences about how you might have been feeling over the past two weeks or so. Read each sentence and decide how often you feel this way. Decide if you feel this way: Almost never, sometimes, a lot of the time or almost all the time. Tick the answer that describes how you really feel. There are no wrong or right answers.*

	Almost never	Sometimes	A lot of the time	All the time
1. <i>I feel happy</i>				
2. <i>I worry about school</i>				
3. <i>I feel lonely</i>				
4. <i>I feel my parents don't like me</i>				
5. <i>I feel important</i>				
6. <i>I feel like hiding from other people</i>				
7. <i>I feel sad</i>				
8. <i>I feel like crying</i>				
9. <i>I feel that no one cares about me</i>				
10. <i>I feel like playing with other children</i>				
11. <i>I feel sick</i>				
12. <i>I feel loved</i>				
13. <i>I feel like running away</i>				
14. <i>I feel like hurting myself</i>				
15. <i>I feel that other kids don't like me</i>				
16. <i>I feel upset about things</i>				
17. <i>I feel life is not fair</i>				
18. <i>I feel tired</i>				
19. <i>I feel I am bad</i>				
20. <i>I feel I am no good</i>				
21. <i>I have trouble paying attention in class</i>				
22. <i>I feel sorry for myself</i>				
23. <i>I feel like talking to other children</i>				
24. <i>I have trouble sleeping</i>				
25. <i>I feel like having fun</i>				
26. <i>I feel worried</i>				
27. <i>I get stomach aches</i>				
28. <i>I feel bored</i>				
29. <i>I feel nothing I do helps anyone</i>				

1) This scale, presented in kiSwahili and in an idiom appropriate to the children's cultural context, followed as closely as possible the Reynolds Child Depression Scale (the English, in italics, represents questions from the original scale). Nevertheless, because of the above adaptations and the age-range of the participants, the original norm-referenced scoring system would not have been valid and was not used. Instead, a weighted scoring scale (0,1,4,8: from 'Almost never' to 'All the time' – excluding distracter items) was applied which was sufficient for the purpose of making comparisons across groups, but should *not* be taken as comparable with the original norms.

## ANNEX 10

### Key Issues Addressed

1. How is the KwaWazee Pension Scheme programme perceived by the Local Government Authorities?
  - a. What do they know and think about the program?
  - b. Do they support in any concrete manner the program?
  - c. Is the programme mentioned in the Council Comprehensive Plans, for instance the Council Comprehensive Health Plans (CCHP) or any other planning document of the Local Government Authority?
  - d. How do they assess the future of this program?
2. How is the program related to other social protection mechanisms at local level?
  - a. What are the existing social protection mechanisms existing at local level (formal and informal)?
  - b. Has the program any exchange/cooperation with other social protection mechanisms?
3. What relations does the program have with social services providers?
  - a. Is the program in contact with education and health care providers?
  - b. Do the beneficiaries of the program get any additional advantages with the social services providers (exemption, waivers, others...)?
4. How does this kind of program fits into the present status of the roadmap to social protection in Tanzania?
  - a. What is the current status of this roadmap for social protection (how developed is it, who are the key actors,
  - b. What is foreseen in this roadmap regarding Orphans and Vulnerable Children (OVCs) and elderly caregivers...?
  - c. What experience of the program would be relevant for the development of the roadmap?
5. How the program compares with other similar experiences in support to elderly taking care of orphans in Tanzania (and neighbouring countries)?
  - a. What are the other experiences on OVC taken care by elderly?
  - b. Is it possible to categorise them?
  - c. What is specific to the KwaWazee program?
6. Who are the stakeholders involved in the social protection area in Tanzania?
  - a. List the key Stakeholders (Government, civil society organisations, research institutions, bilateral and multilateral development partners, specialised agencies...)?
  - b. What are their role and specificity?
7. What is the present status of the Social Protection Framework in Tanzania?
  - a. Policy, Strategies, Guidelines, Laws and Regulations...?